

<b>Case Number:</b>	CM13-0020076		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 03/17/2011. The treating diagnoses including right L5 and S1 radiculopathies with weakness and a right paracentral herniated disc protrusion, lumbar facet arthropathy, and a lumbar sprain/strain. On 09/17/2013, the patient's physical rehabilitation/pain physician saw the patient in follow up regarding right lower back pain radiating to the right buttock and right lateral thigh. The patient was status post recent fluoroscopically guided right L5 and right S1 epidural injection which provided 50% relief of low back pain and 60% relief from his right lower extremity radiculopathy symptoms. The patient was unable to refill his morphine since that had recently been noncertified on physician review; the patient paid out of pocket for lorazepam, which was also noncertified by physician review. The patient reported increased pain and requested an appeal regarding the denial of morphine and lorazepam. The treating physician requested an appeal for Ativan for anxiety and spasm, noting this medication is taken as needed and will be decreased in the future as his industrially related pain becomes more manageable. The treating physician also requested an appeal of morphine and noted the patient was no longer taking oxycodone since this was discontinued 08/20/2013. Furthermore, the treating physician notes that the functional benefit of this specific medication could not be established because the patient could not pick it up from the pharmacy but that with previous medications the patient reported his pain was reduced from 6-7/10 down to 4/10. The treating physician notes that the morphine would be gradually tapered as the patient gets relief from his epidural steroid injection. An initial physician review of 08/20/2013 refers to a progress report of 08/20/2013, which is not available at this time. That review noted that Ativan was not recommended for long-term use by the treatment guidelines and also noted that the four A's of opioid management were not met to support indications for morphine or oxycodone.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ativan 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepine Page(s): 24.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on benzodiazepines, state that benzodiazepines are not recommended for long-term use and that chronic benzodiazepines are the treatment of choice in very few conditions. The treating provider states on appeal that this medication has been requested only for as-needed use; however, the quantity of 60 dispensed suggests usage beyond the degree recommended by the treatment guidelines. Overall, the records and guidelines do not support the request for Ativan. The request for Ativan 1mg, #60, is not medically necessary.

**Morphine sulfate 15mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids/Ongoing Management, Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule, section on opioids/ongoing management, discusses the four A's of opioid management in detail. The treating physician notes that the functional goal of opioid treatment in this case is to reduce the patient's pain level. A reduction in visual analog pain level is a desirable goal of opioid treatment but in itself is not a functional goal as defined in the treatment guidelines. Without objectively measurable goals, the guidelines do not support the request for morphine. The request for morphine sulfate 15mg, #150, is not medically necessary.

**Oxycodone 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule, section on opioids/ongoing management, state that the lowest possible dose should be prescribed to improve pain and

function. A physician note of 09/17/2013, which was not available at the time of the initial review, states that oxycodone was discontinued on 08/20/2013, with morphine proposed as a replacement. Therefore, it appears that this request was not applicable. The request for oxycodone 10/325mg, #120, is not medically necessary.