

Case Number:	CM13-0024762		
Date Assigned:	11/20/2013	Date of Injury:	05/28/2003
Decision Date:	01/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 57-year-old female who sustained 3 industrial injuries, the first was 10/13/1989 to the low back which resulted in an L5-S1 discectomy with some benefit and a 12% PDR. She had a motor vehicle accident in 12/1994 and in 05/1995 had L4-5 surgery, but she still has continuing low back pain. In 2002, the patient developed neck and bilateral shoulder pain due to poor ergonomic station, which was filed on 08/27/2002 on a cumulative trauma basis, and then on 05/28/2003 the patient tripped and fell while walking into an elevator which caused her to injure her right ankle, low back, and her neck. The patient has undergone cervical medial branch blocks from C3- 7 which were noted as not being helpful, and eventually had a lumbar medial branch block in 2007, which was noted as having very temporary benefits. The same was noted for percutaneous cervical and lumbar rhizotomies performed. The patient subsequently underwent replacement surgery at C5-6 and C6-7, which seemed to help, but the patient still had continuous low back pain. Along with medicinal marijuana, the patient has also utilized other oral analgesics to help control her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription Amrix capsule 15 mg #30 with 1 refill for a 3 month supply QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: According to California MTUS, cyclobenzaprine, which is otherwise known as Amrix, is recommended for a short course of therapy. There is limited, mixed evidence, which does not allow for a recommendation for chronic use. As noted in the documentation, the patient has been prescribed Amrix for at least 3 months, as there is evidence of the request for a refill for Amrix dated back in 09/2013. Therefore, in regard to the medication being recommended as only a short-term muscle relaxant, the request for an additional 3 months' supply is not considered appropriate for this patient.

Request for prescription Norco 10/325 mg 1-2 tablets every 4 hours as need #180 with 2 refills for a 3 month supply QTY: 540.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to California MTUS, for ongoing management using opioids as the analgesic medication, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. A patient might consider being seen in a psych consult if there is evidence of depression, anxiety, or irritability. As noted in the documentation dated 11/19/2013, the patient has never really been in psychotherapy or any type of counseling. Furthermore, California MTUS recommends educating and counseling the patient on weaning off of opioids to avoid any substance misuse or potential addiction to the medication. Furthermore, not only is there is no objective information provided stating the patient has had proper and effective outcomes with the use of Norco, there is also no documentation stating the patient signed an agreement or contract with the treating physician for the use of chronic opioid therapy, nor does the information state the opioid use has increased the patient's level of function. As such, the request for ongoing Norco use 10/325 mg is not considered medically necessary or appropriate at this time.

Request for prescription Valium 5 mg 3 times daily as needed #90 with 2 refills for a 3 month supply QTY: 270.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 64-65, 80-81.

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

Decision rationale: California MTUS does not support the use of benzodiazepines for chronic pain. Furthermore, the treating physician has not provided any information to establish the medical necessity of the medication being requested. Therefore, without objective information to substantiate the request for Valium 5 mg 3 times a day, the request is not deemed medically necessary at this time.