

Case Number:	CM13-0033126		
Date Assigned:	12/06/2013	Date of Injury:	06/23/1998
Decision Date:	02/05/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 Internal Medicine and Pulmonary Diseases 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 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 49 year old male who reported an injury on 06/23/1998. The mechanism of injury was a fall. The patient pertinent diagnosis was status post lumbosacral spine surgery. Review of the medical record reveals the patient had severe agitation, bladder difficulties secondary to an industrial injury, The patient medication regimen included Norco 10/325, Zanafex, Lunesta, Valium, and Protonix, because any and all medications caused the patient stomach upset. The dosage and frequency of the aforementioned medications was not provided in the medical record. Radiology report dated 10/24/2013 revealed fusion of the spine at L4-S1 with pedicle screws and rods in place, mild narrowing of the L3-4 disc, and satisfactory sagittal and coronal alignment. The patient continued to have ongoing back pain, left leg numbness, and atrophy of the left calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 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 Opioids Page(s): 78-79.

Decision rationale: California MTUS states there should be ongoing review and documentation of pain relief, functional status, side effects, and appropriate medication use, when a patient is receiving on-going pain management with opioids. There is insufficient objective clinical documentation provided in the medical record. The patient has been taking the requested medication since 10/21/2011. Per California MTUS opioids are not recommended as a first line treatment for chronic pain. The recommended use of opioids for chronic pain is for short term pain relief. There is no clinical documentation of any relief experienced by the patient due to this medication. There is a lack of sufficient clinical documentation to support the medical necessity for the requested medication. The request exceeds the recommendations of California MTUS, and the patient continues to have compliant of pains. The request for hydrocodone/APAP 10, 325mg #120 is non-certified.

Diazepam 10mg #60: Upheld

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

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

Decision rationale: California MTUS states that the use of benzodiazepines for long-term use is not recommended, because the efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use of benzodiazepines to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking the requested medication for much longer than the guideline recommended time frame of 4 weeks. There is no objective clinical documentation of the patient actually gaining any relief due to this medication. Due to the fact that the patient has exceeded the recommended time per California MTUS, and the lack of documentation in the medical record supporting the patient need and benefit from the diazepam, the medical necessity has not been proven. As such the request for diazepam 10mg #60 is non-certified.

Tizanidine 6mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants Page(s): 63-66.

Decision rationale: California MTUS states tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Non-sedating muscle relaxants are recommended with caution as a second line treatment for short term treatment of exacerbations of low back pain. California MTUS also states that muscle relaxants show no benefit beyond NSAIDS in pain and overall improvement. The patient has been taking the requested medication for at least 2 years (10/21/2011). There is no clinical documentation of any relief experienced by the patient due to this medication. There is a lack of sufficient clinical documentation to support the medical

necessity for the requested medication. The request exceeds the recommendations of California MTUS, and the patient continues to have compliant of pains. The medical necessity for tizanidine has not been proven; as such the request for tizanidine 6mg #120 is non-certified.