

Case Number:	CM13-0036457		
Date Assigned:	12/13/2013	Date of Injury:	11/28/2007
Decision Date:	02/13/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported injury on November 28, 2007. The mechanism of injury was not provided. The patient was noted to have worsening low back pain. The patient indicated that she felt that she had been sick due to chronic medication usage. The patient's cervical spine and lumbar spine presented with spasm. The LasA"gue's test was positive bilaterally. The diagnoses included status post right knee surgery with recurrent internal derangement, left knee internal derangement, lumbar and cervical discogenic disease and left upper extremity radiculopathy. The request was made for a Transcutaneous Electrical Nerve Stimulation (TENS) unit and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for one (1) prescription of Restoril 300mg, #30, between August 13, 2013 and November 16, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to indicate the necessity for 2 medications from the same classification. There was a lack of documentation indicating the functional benefit as well as the efficacy for the requested medication. Additionally, there was lack of documentation indicating the necessity for long-term use of Restoril and/or benzodiazepines as the patient was noted to be taking them as long ago as 2012. Given the above, the prospective request for one (1) prescription of Restoril 300mg, #30, between August 13, 2013 and November 16, 2013, is not medically necessary or appropriate.

prospective request for one (1) prescription of Ativan, #90, between August 13, 2013 and November 16, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic

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

Decision rationale: The California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to provide the necessity for 2 medications from the same classification. Clinical documentation submitted for review indicated the patient had been on benzodiazepines since at the earliest documentation 2012. There is a lack of documentation indicating the patient's efficacy as well as the necessity for long-term use. Given the above, the prospective request for one (1) prescription of Ativan, #90, between August 13, 2013 and November 16, 2013, is not medically necessary or appropriate.

The prospective request for one (1) prescription of Norco 10/325mg, #120, between August 13, 2013 and November 16, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of the 4A's to

support ongoing usage. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations the prospective request for one (1) prescription of Norco 10/325mg, #120, between August 13, 2013 and November 16, 2013, is not medically necessary or appropriate.

The prospective request for one (1) TENS unit, between August 13, 2013 and November 16, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 115, 116.

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate the patient would be participating in an evidence based function restoration program for chronic neuropathic pain. Additionally, there was a lack of documentation indicating the patient had tried other appropriate pain modalities including medication and had failed. Given the above, the prospective request for one (1) TENS unit, between August 13, 2013 and November 16, 2013, is not medically necessary or appropriate.