

Case Number:	CM13-0053623		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2000
Decision Date:	12/17/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine 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 patient is a 51 year-old male with date of injury 02/04/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/04/2013, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed range of motion was painful and limited with spasm present. Positive Lasegue bilaterally. Positive straight leg raising bilaterally to 45 degrees. Motor weakness bilaterally at 4/5. Decreased sensation on the right at L4-5 and pain bilaterally at L4-5 and L5-S1. Diagnosis: 1. Status post lumbar fusion with subsequent hardware removal 2. Failed back syndrome 3. Chronic low back pain 4. Cervical spine degenerative disc disease. Original reviewer modified medication request to 1.) Dilaudid 8mg, #60 2.) Norco 10/325mg, #120 3.) Klonopin 1mg, #30 4.) Restoril 30mg, #15. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medications: 1. Dilaudid 8mg, #120 SIG: one tablet po qid 2. Norco 10/325mg, #240 SIG: po q6-8h 3. Klonopin 1mg, #60 SIG: two tablets po qhs 4. Restoril 30mg, #30 SIG: po qhs.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Dilaudid 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 4 months. 120 Dilaudid 8mg is not medically necessary.

240 Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient has been taking both Dilaudid and Norco. 240 NORCO 10/325MG is not medically necessary.

60 Klonopin 1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: The MTUS states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Clonazepam for much longer than the 4 weeks suggested by the MTUS. 60 Klonopin 1mg is not medically necessary.

30 Restoril 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Sleep Aids

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Restoril for longer than the 2-6 week period recommended by the ODG. 30 Restoril 30mg is not medically necessary.