

Case Number:	CM13-0061710		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2000
Decision Date:	05/13/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 Texas and Oklahoma. 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 injured worker is a 67-year-old female who reported an injury on 03/03/2000, due to a fall. The injured worker's treatment history included cervical epidural steroid injections, lumbar epidural steroid injections, physical therapy, multiple medications, and a home exercise program. The injured worker was evaluated on 11/19/2013. It was documented that the injured worker's medications included Celebrex, Flexeril, Lidoderm patches, Neurontin, Percocet, Rozerem, and Senokot. The physical findings included reduced range of motion of the lumbar spine, with decreased reflexes in the L2, L3, L4, L5, and S1 dermatomes. It was documented that the injured worker had received 60% pain relief from the last epidural steroid injection on 06/17/2013. The injured worker's diagnoses included degenerative cervical intervertebral disc disease, lumbar disc degeneration, and myofascial pain syndrome. The injured worker's treatment plan included continuation of medications, and a lumbar epidural steroid injection with conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10MG/325MG TABLETS #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend that the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review fails to provide evidence that the injured worker is monitored for aberrant behavior. Additionally, there is no documentation of pain relief or functional benefit to support ongoing use of this medication. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request Percocet 10 mg/325 mg tablets #240 is not medically necessary or appropriate.

CONSCIOUS SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS , PAIN CHAPTER.

Decision rationale: The Official Disability Guidelines recommend conscious sedation for patients undergoing epidural steroid injections, when there is a documented history of anxiety related to the procedure. The clinical documentation submitted for review does indicate that the injured worker has previously undergone multiple epidural steroid injections; however, fails to provide any evidence that the injured worker has anxiety related to the procedure. Therefore, the need for conscious sedation is not medically necessary or appropriate.

ROZEREM 8MG TABLETS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: ODG-TWC, ODG TREATMENT INTEGRATED TREATMENTDISABILITY DURATION GUIDELINES PAIN (CHRONIC) UPDATED 12/23/11 PAGE 68

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, INSOMNIA TREATMENTS

Decision rationale: The Official Disability Guidelines recommend that the use of this medication be limited to a short duration to treat insomnia related to chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Rozerem 8 mg tablet #30 is not medically necessary or appropriate.