

Case Number:	CM13-0064358		
Date Assigned:	01/17/2014	Date of Injury:	06/14/1988
Decision Date:	05/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application	12/11/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 66 year-old female with a 6/14/1988 industrial injury claim. She has been diagnosed with lumbar stenosis; failed back surgery syndrome; lumbar radiculopathy and sprain/strain. According to the 11/22/13 pain management report from [REDACTED], the patient presents with lumbar and left sciatic pain. The pain was 9/10, but at times can be as low as 4/10. [REDACTED] states the patient is obtaining functional pain control on the current medication management. She was taking Lidoderm patch, Lorazepam 0.5mg bid, Soma 350mg qid prn; roxicodone 15mg qid prn; OxyContin 40mg XR 12hour tabs bid; Lortab 10/500 bid prn; and, Ambien CR 12.5mg qhs.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORTAB 10 10/500MG #60 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PAIN MEDICAL TREATMENT GUIDELINES, PAIN OUTCOMES AND ENDPOINTS, LONG-TERM OPIOID USE Pag.

Decision rationale: According to the 11/22/13 pain management report from the treating provider, the employee presents with lumbar and left sciatic pain. The pain was 9/10, but at times can be as low as 4/10. UR denied the medications because the reporting did not demonstrate functional improvement and the reviewer was not able to tell if medication helped or not. The medical reports from the treating provider were reviewed for evidence of functional improvement or satisfactory response to medications. The 7/26/13, 8/23/13, 9/20/13, 10/25/13, and 11/22/13 reports did not discuss efficacy of medications or functional improvement compared to a baseline. The medical reports after the UR denial including 12/27/13, 1/24/14 and 2/19/14 did not discuss medication efficacy. The MTUS guidelines on page 9 state, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Lortab. The MTUS does not recommend continuing treatment if there is not a satisfactory response.

SOMA 350 MG #120 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: According to the 11/22/13 pain management report from the treating provider, the employee presents with lumbar and left sciatic pain. The pain was 9/10, but at times can be as low as 4/10. UR denied the medications because the reporting did not demonstrate functional improvement and the reviewer was not able to tell if medication helped or not. The records show the employee has been using Soma continuously since the 7/26/13 report. The MTUS guidelines specifically indicate that Soma is not recommended for use over 3-weeks. The request to continue use of Soma over 4-months is not in accordance with MTUS guidelines.

AMBIEN CR 12.5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PAIN OUTCOMES AND ENDPOINTS Page(s): 8-9. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - TREATMENT IN WORKERS COMPENSATION (TWC) GUIDELINES, CHRONIC PAIN CHAPTER, INSOMNIA TREATMENT, AMBIEN.

Decision rationale: According to the 11/22/13 pain management report from the treating provider, the employee presents with lumbar and left sciatic pain. The pain was 9/10, but at times can be as low as 4/10. UR denied the medications because the reporting did not demonstrate functional improvement and the reviewer was not able to tell if medication helped or not. The records show the employee has been using Ambien CR since 7/26/13. The ODG guidelines indicate that this has been studied up to 24 weeks. The records show the employee has been using Ambien CR longer than 24 weeks, through 2/19/14. The reports do not discuss any sleeping problems and there is no reporting on efficacy. The MTUS guidelines on page 9 state, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." It is not known if Ambien has helped the employee's sleep, or if there is a sleep problem. The MTUS guidelines do not recommend continuing treatment that is not producing functional benefit.

OXYCONTIN 40 MG XR #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PAIN OUTCOMES AND ENDPOINTS; LONG-TERM OPIOID USE Page(s): 8-9 AND 88-89.

Decision rationale: According to the 11/22/13 pain management report from the treating provider, the employee presents with lumbar and left sciatic pain. The pain was 9/10, but at times can be as low as 4/10. UR denied the medications because the reporting did not demonstrate functional improvement and the reviewer was not able to tell if medication helped or not. The medical reports from the treating provider, were reviewed for evidence of functional improvement or satisfactory response to medications. The 7/26/13, 8/23/13, 9/20/13, 10/25/13, and 11/22/13 reports did not discuss efficacy of medications or functional improvement compared to a baseline. The medical reports after the UR denial including 12/27/13, 1/24/14 and 2/19/14 did not discuss medication efficacy. The MTUS guidelines on page 9 state, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 state, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of OxyContin. The MTUS guidelines do not recommend continuing treatment if there is not a satisfactory response

ROXICODONE 15 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PAIN OUTCOMES AND ENDPOINTS; and LONG-TERM OPIOID USE Page(s): 8-9 AND 88-89.

Decision rationale: According to the 11/22/13 pain management report from the treating provider, the employee presents with lumbar and left sciatic pain. The pain was 9/10, but at times can be as low as 4/10. UR denied the medications because the reporting did not demonstrate functional improvement and the reviewer was not able to tell if medication helped or not. The medical reports from the treating provider, were reviewed for evidence of functional improvement or satisfactory response to medications. The 7/26/13, 8/23/13, 9/20/13, 10/25/13, and 11/22/13 reports did not discuss efficacy of medications or functional improvement compared to a baseline. The medical reports after the UR denial including 12/27/13, 1/24/14 and 2/19/14 did not discuss medication efficacy. The MTUS guidelines on page 9 state, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 state, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Roxicodone. The MTUS guidelines do not recommend continuing treatment if there is not a satisfactory response

LORAZEPAM 0.5 MG #60 WITH TWO REFILLS: Upheld

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

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

Decision rationale: According to the 11/22/13 pain management report from the treating provider, the employee presents with lumbar and left sciatic pain. The pain was 9/10, but at times can be as low as 4/10. The records show the employee has been on Lorazepam continuously since the 7/26/13 report. The MTUS guidelines indicate that benzodiazepines are not recommended for long-term use and most guidelines limit use to 4-weeks. The prolonged use of the benzodiazepine Lorazepam over 4-months is not in accordance with MTUS guidelines.