

Case Number:	CM14-0015307		
Date Assigned:	02/28/2014	Date of Injury:	11/01/2009
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/06/2014

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 Neurological Surgery 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 records indicate this 58-year-old female was injured in November of 2009. The clinical diagnosis is listed as lumbar disc disease, leg pain and chronic pain. A modified approval of Sertraline release is noted. The purpose of a modified approval appears to be initiation of a weaning protocol. Past treatment has included acupuncture, electrodiagnostic studies, surgical intervention for the carpal tunnel release on the right, and physical therapy. This employee is noted to be a chronic nicotine abuser. The progress notes presented for review do not indicate any significant improvement in terms of pain control (noted to be 8/10), functionality, ability return to work or improvement in activities of daily living. The physical examination notes this 5 foot, 136 pound individual to be hypertensive and in no acute distress. There are noted muscle spasms over the last several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE 15 MG TABLET ONCE A DAY FOR 60 DAYS, DISPENSE 60 TABLET:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 77/127.

Decision rationale: The records reflect this individual has been using this medication approximately three days per week. When noting the periods of efficacy, there is no clinical reason to continue this medication on such a sporadic basis. Given other medications being employed and the parameters identified in the pain chapter of the MTUS, the request is not medically necessary and appropriate.

MS CONTIN 30 MG TABLET, EXTENDED RELEASE 1 TABLET EVERY 12 HOURS FOR 30 DAYS, DISPENSE 30 TABLET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 77,127.

Decision rationale: The records reflect that this individual has been using this medication approximately three days per week. When noting the periods of efficacy, there is no clinical reason to continue this medication on such a sporadic basis. Given other medications being employed and the parameters identified in the pain chapter of the MTUS, the request is not medically necessary and appropriate.

BUSPIRONE 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medicinenet.com/buspirone/article.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 101/127.

Decision rationale: This medication is an antianxiety preparation. The last several progress notes presented for review indicated the injured worker is in no acute distress and there is no discussion relative to anxiety and/or any other psychiatric diagnoses. As such, there is insufficient clinical evidence presented to support this request. The request is not medically necessary and appropriate.

ESTAZOLEM 2 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Page(s): 23.

Decision rationale: The use of sleep medications is limited to short-term, intermittent use when there is objective data to support the utilization of such a medication as outlined by the Chronic Pain Medical Treatment Guidelines. Specific, long-term, indefinite use is not recommended. Therefore, based on the lack of any clinical information presented for review, there is insufficient data to support this request.

TEMAZEPAM 15 MG 1-2 QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 23.

Decision rationale: This is a benzodiazepine type medication indicated for short-term use of muscle spasm. The progress notes report chronic, unremitting, and long-term muscle spasm that does not respond to the medication prescribed. Therefore, noting the lack of efficacy, the complication profile, and that the long-term use or efficacy of such medications is not proven, there is insufficient clinical data presented to support this request under the Chronic Pain Medical Treatment Guidelines.