

Case Number:	CM14-0114163		
Date Assigned:	08/01/2014	Date of Injury:	03/13/2010
Decision Date:	09/18/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas, 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 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 51 year old female who was injured on 3/13/2010. The diagnoses are neck pain, low back pain and sacroiliac joints pain. The past surgery history is significant for lumbar spine fusion and cervical spine fusion surgeries. The patient reported 100% pain relief following bilateral cervical spine nerve block injections but the rhizotomy did not provide pain relief. On 6/2/2014, [REDACTED] noted subjective complaints of increased neck pain and pain over the buttocks areas. There was associated numbness. The pain score was reported as 7-8/10 on a scale of 0 to 10. There were no significant objective findings of localized tenderness, motor or neurological deficits. The medications are oxycodone, Voltaren gel and fentanyl patch. On 6/2/2014, a UDS was positive for oxycodone and ethyl glucuronide. A Utilization Review determination was rendered on 6/20/2014 recommending non certification for prospective use of Lorazepam 1mg and Fentanyl patch 50mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg (Quantity not Specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Lorazepam.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24,78. Decision based on Non-MTUS Citation ODG- Mental illness and Stress chapter.

Decision rationale: The CA MTUS and the ODG recommend that benzodiazepines could be utilized for the short term treatment of anxiety and insomnia when other measures have failed. The chronic use of benzodiazepines is associated with the development of tolerance, dependency and addiction. The record did not show that the patient have a history of anxiety disorder. The UDS was positive for alcohol metabolite showing aberrant drug behaviors. The use of alcohol with prescription sedatives is associated with increased risk of adverse effects including fatalities. The criteria for the prospective use of Lorazepam 1mg were not met. Therefore, the request is not medically necessary.

Fentanyl Patch 50 mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24 Page(s): 74-96. Decision based on Non-MTUS Citation ODG- Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of opioids for the treatment of acute exacerbations of chronic musculoskeletal pain. The records indicate that the patient is exhibiting aberrant drug related behaviors by the presence of alcohol metabolites in the UDS. There were limited objective findings to support a diagnosis of severe chronic pain. The use of fentanyl with oxycodone, Lorazepam and alcohol can lead to severe adverse drug interactions and complications. The use of fentanyl patch for non-malignant pain is reserved as a second line option for patients who cannot or have failed oral opioids medications. The criteria for the prospective use of fentanyl patch 50mcg were not met. Therefore, the request was not medically necessary.