

Case Number:	CM14-0123554		
Date Assigned:	08/08/2014	Date of Injury:	08/15/2008
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical medicine and Rehabilitation, and is licensed to practice in Nevada. 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, presented for review, indicate that this 64-year-old female was reportedly injured on 8/15/2008. The mechanism of injury was not listed. The claimant underwent a lumbar laminectomy at L4-L5, L5-S1 on 5/9/2009, a lumbar fusion at L4-L5, L5-S1 on 6/27/2011, an ACDF at C5-C6 on 8/6/2010 and an ACDF at C4-C5 on 3/20/2011. The previous utilization review referenced a progress note dated 7/21/2014; however, that progress note was not provided for this independent medical review. The reviewer indicated that the progress note documented ongoing complaints of chronic neck and back pain radiation to the upper and lower extremities. Physical examination demonstrated tenderness to cervical spine and upper trapezius area, bilateral hyperesthesia at C6 dermatome, and positive Spurling's maneuver bilaterally. Diagnosis is post laminectomy syndrome. MRI of the cervical spine, dated 10/3/2013, demonstrated surgical changes at C4-C6, degenerative changes at C6-C7. No significant herniation, canal stenosis or cord compression. MRI of the lumbar spine, dated 10/3/2013, demonstrated surgical changes at L4-S1 without canal or foraminal stenosis. New L2-L3 left far lateral disk protrusion causing mild to moderate left foraminal impingement. Previous treatment included cervical/lumbar spine surgery, physical therapy, cervical/lumbar injections, radiofrequency ablation and medications to include OxyContin, Oxycodone, Lorazepam and Advil. A request had been made for lorazepam 0.5 mg #30 with 1 refill and oxycodone 10 mg #150, which were partially certified for lorazepam #27 and oxycodone #150 in the utilization review on 7/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5 mg thirty count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009 Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support benzodiazepines (lorazepam) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. As such, the request for Lorazepam 0.5 mg thirty count is not medically necessary or appropriate.

Oxycodone 10 mg 150 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74,78,93.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic neck and low back pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, the request for Oxycodone 10 mg 150 count is not medically necessary or appropriate.