MAXIMUS Federal Services

Case Number:	CM14-0125292		
Date Assigned:	08/11/2014	Date of Injury:	09/12/2006
Decision Date:	09/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 injured worker is a 28 year old female who was who had a work related injury on 09/12/06. Mechanism of injury was not documented. Her diagnosis, failed back surgery syndrome, status post lumbar laminectomy at L5-S1, lumbar facet joint arthropathy, lumbar Spain spine sprain/strain syndrome, obesity weight gain secondary to medication intake, and immobility. Magnetic resonance image of the lumbar spine dated 02/01/12 reported post-operative microlaminectomy changes at L5-S1. The injured worker had epidural steroid injections at L4-5 51 and S1 bilaterally in 2011 and 2012. Most recent clinical documentation submitted for review was dated 02/26/14 the injured worker noted ongoing pain and discomfort in the low back and lower extremities. Pain originated in her low back and traveled into her lower extremities. Pain worsened with activities of daily living. Pain increased with sitting, standing, walking. She reported that during the course of the performance of activities of daily living there was still a significant amount of pain and stiffness of the lumbar spine and lower extremities. Her pain levels interfered with her general activities of daily living objective findings heel and toe walking were unable to perform. Pain with palpation bilaterally in the paraspinal muscles, lumbar spine. Pain, tenderness, and restricted range of motion with extension, rotation, bilateral bending. Positive reflexes in lower extremities and knee jerks 1+ bilaterally. Sciatica and femoral tension signs were positive bilaterally. Sensation decreased to light touch right lower extremity. Depressive affect and mood. Magnetic resonance image of the lumbar spine dated 02/01/12 showed post-operative microlaminectomy changes seen involving the left lamina at L5-S1. Overall appearance suggested there was either a small globular focus of scar tissue seen in conjunction with traversing left S1 nerve root or the left S1 nerve root was slightly distorted

by scar tissue. The root was seen to pass distally in towards the left S1 neural foramen. There was a bright signal at the left posterior aspect of the disc representing either a small annular fissure or sequelae of prior microdiscectomy and mild disc bulging at L3-4.
Numerous Schmorl nodes were discussed. Limbus body at superior endplate of L4. Prior utilization review on 07/16/14 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long- term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4-week treatment window. As such, the request for this medication cannot be recommended therefore, this request is not medically necessary.

Opana ER 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician therefore, this request is not medically necessary.

Percocet 7.5/325 #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician therefore, this request is not medically necessary.