

Case Number:	CM14-0140137		
Date Assigned:	09/08/2014	Date of Injury:	09/05/2012
Decision Date:	10/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 Texas. 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:

Medical records reflect the claimant is a 46 year old male who sustained a work injury on 9-5-12. The claimant is status post L4-L5, L5-S1 fusion in April 2014. He had a prior laminectomy and discectomy at L5-S1 in July 2013. Office visit on 7-28-14 notes the claimant struggling significantly despite this intervention. He reported his average pain throughout the day as a 7/10 to an 8/10, with occasional flaring to a 9/10 or 10/10. He noted that the pain decreased to a 7/10 or 8/10 with the use of medications. Medications also allowed him to sit up for short periods and to go from room to room with a walker. It was also noted that the patient presented to the emergency room a week prior to the evaluation for increased pain and inability to walk, the patient reported having continued gastrointestinal upset if he did not take omeprazole. The provider's examination revealed a significantly decreased range of motion. Office visit from 8-25-14 notes the claimant has ongoing low back pain with radiating symptoms to the lower extremities. He rates his pain from 5-9/10 with 8 Norco a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for 240 Norco 10/325mg DOS: 7/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Norco; When t.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - anti epilepsy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication. He still has high levels of pain. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning or that the claimant is being monitored as required. Therefore, the medical necessity of this request is not established.

retrospective request for Effexor 75mg DOS 7/28/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding antidepressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS Page(s): 13-16. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER - ANTI DEPRESSANTS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. This claimant has chronic low back pain. He is status post two level fusion L4-S1 performed in April 2014. Therefore, the medical necessity of this request is established as reasonable and indicated.

request for 60 Zanaflex 4mg DOS 7/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding muscle relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER - MUSCLE RELAXANTS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established