

Case Number:	CM14-0156415		
Date Assigned:	09/25/2014	Date of Injury:	12/15/2009
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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 & Rehabilitation, 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 37-year-old male who reported an injury on 12/15/2009. The mechanism of injury was not provided. The injured worker's diagnoses included status post percutaneous spinal cord stimulator trial, left L4-5 radiculopathy, central and left paracentral disc protrusion at L4-5 measuring 2 to 3 mm with mild bilateral neural foraminal stenosis, disc bulging at L3-4 measuring 1 to 2 mm, lumbar facet arthropathy, failed back surgery syndrome, status post left L4-5 microdiscectomy with epidural fibrosis, status post hemilaminectomy, left L4-5 scar that is associated with the L5 nerve root and extends inferiorly to the left of the left L5 lateral recess, and lumbar sprain/strain. The injured worker's past treatments included medications, surgery, and psychotherapy. On the clinical note dated 05/05/2014, the injured worker complained of extreme physical pain which leads to anxiety and depression. The injured worker had fearfulness, anxiety, and depression. On the clinical note, dated 03/21/2014, the injured worker's medications included Latuda 80 mg. The injured worker rated his pain to be 6/10. The request was for Ativan 1 mg and morphine sulfate IR 15 mg #110. The rationale for the request was not submitted. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan1MG: Upheld

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

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

Decision rationale: The injured worker is diagnosed with included status post percutaneous spinal cord stimulator trial, left L4-5 radiculopathy, central and left paracentral disc protrusion at L4-5 measuring 2 to 3 mm with mild bilateral neural foraminal stenosis, disc bulging at L3-4 measuring 1 to 2 mm, lumbar facet arthropathy, failed back surgery syndrome, status post left L4-5 microdiscectomy with epidural fibrosis, status post hemilaminectomy, left L4-5 scar that is associated with the L5 nerve root and extends inferiorly to the left of the left L5 lateral recess, and lumbar sprain/strain. The injured worker complained of extreme physical pain which leads to anxiety and depression. The injured worker rated his pain 6/10. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. The guidelines limit use to 4 weeks. The injured worker's medical records lack documentation indicating the injured worker to be prescribed Ativan 1 mg. The rationale was not provided for the request for Ativan 1 mg. Additionally, the request does not indicate the frequency or quantity of the medication. As such, the request for Ativan 1 mg is not medically necessary.

Morphine Sulfate IR 15mg #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID
MANAGEMENT, Page(s): 78.

Decision rationale: The injured worker is diagnosed with included status post percutaneous spinal cord stimulator trial, left L4-5 radiculopathy, central and left paracentral disc protrusion at L4-5 measuring 2 to 3 mm with mild bilateral neural foraminal stenosis, disc bulging at L3-4 measuring 1 to 2 mm, lumbar facet arthropathy, failed back surgery syndrome, status post left L4-5 microdiscectomy with epidural fibrosis, status post hemilaminectomy, left L4-5 scar that is associated with the L5 nerve root and extends inferiorly to the left of the left L5 lateral recess, and lumbar sprain/strain. The injured worker complained of extreme physical pain which leads to anxiety and depression. The injured worker rated his pain 6/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The medical records included a urine drug screen, dated 08/05/2014, which indicated gabapentin, duloxetine, and morphine in the injured worker's system. The documentation did not include side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicates the injured worker has decreased functional deficits. Additionally, the request does not indicate the frequency of the medication. As such, the request for Morphine Sulfate IR 15mg #110 is not medically necessary.

