MAXIMUS Federal Services

Case Number:	CM14-0157271		
Date Assigned:	09/30/2014	Date of Injury:	12/04/2003
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 45 year-old female who was injured on 12/4/03 at her place of employment. She became wedged against a wall and was required to push and then pull it towards her, resulting in low back pain. She was diagnosed with lumbar strain. The patient complained of constant pain in the cervical spine radiating to her upper extremities and low back pain radiating to her lower extremities, left more than right. On exam, she had decreased range of motion of her cervical spine with tenderness and muscle spasms. She had equal bilateral upper extremity reflexes. There was tenderness and decreased range of motion of thoracic and lumbar spine. She had decreased sensation in the left L5 and S1 sensory dermatomes. A lumbar MRI showed mild facet joint hypertrophy, mild disc bulge at L5-S1. A cervical MRI showed degenerative disc disease with retrolisthesis at C3-C4 and C4-C5 as well as large central herniation of the C4-C5 disc with flattening of the spinal cord and pressure on the spinal cord. A smaller lesion was noted at C5-C6. She had an electromyography (EMG) which revealed mild right carpal tunnel syndrome affecting sensory fibers only, right peroneal motor neuropathy, and chronic C6 radiculopathy and L5-S1 radiculopathy with axonal loss on the right and left L5 radiculopathy without axonal loss. On 5/18/10, she had a L3-L4, L4-L5, and L5-S1 lumbar discography and CT scan of lumbar spine showing lumbar disc disease with L3-L4, L5-S1 disc bulge. She scored abnormally on the Epworth Sleepiness Scale with her chronic pain likely contributing to her sleep abnormalities. She was diagnosed with chronic musculoligamentous injury of the cervical and lumbosacral spine, chronic pain, and depression. Her medications have included Norco, Butrans, Ambien, Ultram, Skelaxin, Topamax, Pristiq, Lidoderm patches, Amrix, and Neurontin. She had a discectomy fusion of her lumbar spine on 6/25/10. On 11/14/11, she had a cervical discectomy, decompression, and disc replacement arthroplasty done.

She also had chiropractic care, used a transcutaneous electrical nerve stimulation (TENS) unit and received epidural steroid injections at L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg #30: Upheld

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

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

Decision rationale: The request for Quazepam is not medically necessary. Quazepam is a benzodiazepine which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks. It has been used long-term when treating anxiety. Quazepam is indicated for sleep disorders but only for short-term. The patient was already prescribed a month's supply of medicine. Therefore further refills are not recommended and the request is considered not medically necessary.

Unknown prescription of Nucynta ER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The request for Nucynta ER is not medically necessary. The patient has been on long-term opiate use without documented improvement in function and pain. Guidelines support the continued use when there is substantial improvement in pain and functioning or a returned to work which the patient is unable to do. There is high risk of addiction with continued use. The patient continues with severe pain and is unable to do any activities during the day even with continued opiate use. The request also does not specific quantity and as per the chart, on 9/11/14, the provider faxed a hand-written note stating that Nucynta had not been prescribed. For these reasons, the request is considered not medically necessary.