

Case Number:	CM14-0157980		
Date Assigned:	10/01/2014	Date of Injury:	01/14/2014
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 Interventional Spine 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 patient is a 42 year old female with an injury date of 01/14/14. Per the 06/18/14 progress report by [REDACTED], the patient presents with back pain, leg pain, and neck pain rated 5-10/10. The patient is not currently working. Examination reveals seated straight leg raise is with mild tension sign bilaterally. The patient's diagnoses include: L3-4 disc injury with fissuring high intensity zone protrusion resulting in a 9 mm stenosis, neurogenic pseudoclaudication and ambulatory dysfunction, L4-5 disc injury with fissuring, protrusion, high intensity zone with central and foraminal stenosis, neurogenic pseudoclaudication with radiculopathy. C6-7 central disc protrusion with neck pain, spasm and loss of lordosis C3-4 broad based protrusion, high intensity zone disc injury neck spasm, neck and shoulder pain, and loss of lordosis C4-5 disc bulge/protrusion injury with loss of lordosis Comorbidities which include congenital spinal stenosis, high sacral angle/pelvic incidence. As of 07/28/14 medications are listed as Wellbutrin, Flexeril, Lexapro, Norco, Requip, and Temazepam. The utilization review being challenged is dated 09/05/14. Reports from 03/05/14 to 09/28/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 10mg 1#30 (DOS 8/1/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64.

Decision rationale: The patient presents with back, neck and leg pain rated 5-10/10. The provider requested Retrospective Cyclobenzaprine 10 mg 1 #30 (DDS 08/01/14). MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP)." It is unknown exactly how long the patient has been taking this medication. Reports provided indicate it was started as a new medication on 03/06/14 and it appears as a listed medication on 04/02/14 and 04/17/14. The provider does not discuss this medication and it is not stated that it is intended for short term use. MTUS recommends use for no more than 2-3 weeks. In this case, it appears use of medication is outside what is recommended by MTUS. Recommendation is for denial.

Retrospective request for Restoril 15mg 1-2 tablets by mouth twice a day as needed #60 with 1 refill (DOS 8/1/14): Upheld

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

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

Decision rationale: The patient presents with back, neck and leg pain rated 5-10/10. The provider requests for Retrospective Restoril (Temazepam and Benzodiazepine) 15 mg 1-2 tablets by mouth twice a day as needed #60 with 1 refill (DOS 08/01/14). The MTUS guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." It is unknown exactly how long the patient has been taking this medication. It first shows on the 07/28/14 report by [REDACTED]. The provider does not discuss the medication and the reports provided do not state that use is intended to be short term. Therefore, recommendation is for denial.

Retrospective request for norco 10/325mg 1 tablet by mouth three times a day as needed #90 with no refills (DOS 8/1/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89; 76-78.

Decision rationale: The patient presents with back, neck and leg pain rated 5-10/10. The provider requests Retrospective request for Norco (an opioid) 10/325 mg 1 tablet by mouth three times a day as needed #90 with no refills (DOS 08/01/14.). MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided show this as a listed medication since at least 03/06/14. Pain assessment is discussed with pain scales showing the patient's average pain as 8/10 on 05/09/14, 7/10 on 06/18/14 and 7/10 on 07/28/14. Pain with medication is 4/10 and without 8/10 as of 07/28/14. There is no discussion about how Norco specifically benefits the patient. On 07/28/14 [REDACTED] reports that with medications the patient is able to work/volunteer limited hours and take part in limited social activities on weekends. Without medications the patient struggles but fulfills daily home responsibilities; however, with no outside activities, and is unable to work/volunteer. The patient was administered the Screener and Opioid Assessment for Patients with pain to help determine how much monitoring may be required due to long-term opioid therapy. The patient's score was 12 with a score higher than 7 considered positive for risk factors. Opioid management issues were only partially addressed in that no urine toxicology reports were provided or discussed. In this case, there appears to be adequate pain/function improvement with opiates along with some opiate management documentations. Recommendation is for authorization.