

Case Number:	CM14-0158425		
Date Assigned:	10/01/2014	Date of Injury:	10/05/2011
Decision Date:	11/25/2014	UR Denial Date:	09/11/2014
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 Family Medicine and is licensed to practice in North Carolina. 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 64-year-old with a reported date of injury of 10/05/2011. The patient has the diagnoses of cervical degenerative disc disease with facet osteoarthritis, cervical radiculopathy, right sacroilitis, lumbar degenerative disc disease and lumbar radiculopathy. Per the most recent progress notes provided for review from the primary treating physician dated 07/14/2014, the patient had complaints of low back pain with bilateral leg pain and neck pain. Previous treatment modalities have included radiofrequency ablation of lumbar facet joint. The physical exam noted severe tightness and tenderness of the bilateral trapezius muscles. The lumbar spine had tenderness to palpation with decreased range of motion and a positive straight leg raise. There was decreased sensation long the left thigh and L3/4 dermatome. Treatment plan recommendations included CT scan of the spine, bilateral L4/5 and L5/S1 radiofrequency rhizotomy, continuation of pain medications and home conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 5/300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines regarding the criteria for on-going management of opioids has not been met in this case. The injured worker rates the pain an 8/10 without medications and a 4/10 with medications. There is no objective outcome measures provided for improvement in function. There is no evidence of failure of other conservative treatment modalities and other first line choices for chronic pain. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore, the request for Hydrocodone/ APAP 5/300mg #90 is not medically necessary and appropriate.

Lorazepam 0.5mg #30: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding Benzodiazepines, states, "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. 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 long-term use of this medication is not indicated per the California MTUS. In this case, the injured worker does not have a listed diagnosis of anxiety. There is no indication in the progress note why the long-term use of this medication would be indicated. For these reasons, the request for Lorazepam 0.5mg #30 is not medically necessary and appropriate.