

Case Number:	CM14-0158547		
Date Assigned:	10/02/2014	Date of Injury:	08/07/2000
Decision Date:	10/29/2014	UR Denial Date:	08/27/2014
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 and 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 48-year-old male with a date of injury of 08/07/2000. The listed diagnoses per [REDACTED] are: 1. Lumbar degenerative disk disease with associated facet arthropathy and foraminal stenosis, 2. Bilateral lower extremity radiculopathy, 3. Urologic incontinence, 4. Cervical spondylosis, 5. Reactionary depression/anxiety, 6. Medication induced gastritis. 7. Xerostomia. According to progress report 08/11/2014, the patient presents with low back pain with significant radicular symptoms to the bilateral lower extremities. The patient states that her low back pain can go as high as 9/10 in intensity but on his current medication regimen, it is more manageable at about 7-8/10 in intensity. The patient remains stable on current medications, which include Norco 6 to 8 tablets daily, Anaprox daily, Soma 350 mg, Doral 15 mg, and Prilosec. Examination of the lumbar spine revealed tenderness to palpation bilaterally and increased muscle rigidity along the lumbar paraspinal muscles. The patient had a decreased range of motion but able to bend forward to about 4 inches above the level of his knees and extension was limited to about 10 degrees. Straight leg raise was performed in the modified sitting position and is positive at 40 degrees bilaterally. He has a decreased sensation to Wartenberg pinwheel test at approximately the L5-S1 distribution. The treater is requesting medications Norco 10/325 mg #240, Ativan 1 mg #40, and Soma 350 mg 4 to 5 tablets a day. Utilization review denied the request on 08/27/2014. Treatment reports from 03/19/2014 through 08/11/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Guidelines pages 88 and 89, CRITERIA FOR USE OF O.

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The treater is requesting a refill of Norco 10/325 mg #240. For opiate management, MTUS Guidelines pages 88 and 89 state, "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). Review of the medical file indicates the patient has been taking this medication since at least 03/19/2014. Although the treater notes a decrease in the patient's pain utilizing a pain scale, there are no discussions of specific functional changes or increase in ADLs with taking long term opioid. MTUS requires not only analgesia, but documentation of functional improvement and discussion regarding aberrant behaviors and possible side effects. Given the lack of sufficient documentation for opiate management, recommendation is for denial.

Ativan 1 MG #40: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The treater is requesting a refill of Ativan 1 mg #40. The MTUS Guidelines page 24 has the following regarding benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, this medication has been prescribed for long term use. MTUS Guidelines are clear on long-term use of benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." Recommendation is for denial.

Soma 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS regarding muscle relaxants Page(s): page 63.

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The treater is requesting a refill of Soma 350 mg 4 to 5 tablets a day, #150. The MTUS page 63 has the following regarding muscle relaxants, "recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. Review of the medical file indicates the patient was prescribed Soma since 3/19/14. Muscle relaxants are not recommended for long-term use, and recommendation is for denial.