

Case Number:	CM14-0169207		
Date Assigned:	10/17/2014	Date of Injury:	05/03/2011
Decision Date:	12/02/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

This is a 48 year old male patient who sustained a work related injury on 5/3/2011. The current diagnosis includes degeneration of cervical intervertebral disc, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, other symptoms referable to back, thoracic or lumbar spondylosis with myelopathy, chronic pain syndrome, myalgia or myositis unspecified, cervicgia, brachial neuritis or radiculitis not otherwise specified (NOS), pain in joint of shoulder region, scapulalgia, anxiety state unspecified, severe depression, inguinal pain, postlaminectomy syndrome of lumbar region, essential hypertension, lumbar facet joint pain, thoracic facet joint pain, thoracic neuritis, cervical degenerative disc disease, and cervical spinal stenosis. Per the doctor's note dated 9/8/14, he had complaints of diffuse pain including neck, interscapular region, lower back, right leg and left groin. The patient had history of ulcerative colitis but was being followed and treated with occasional steroid medication. Physical examination revealed cervical spine- tenderness and decreased range of motion; thoracic spine- moderate tenderness at the T3-4 levels on the right with severe spasm; lumbar spine- tenderness and decreased range of motion, positive straight leg raise, positive bilateral sacroiliac (SI) joints elicited ipsilateral SI joint pain, and mild positive Patrick's test; right knee- flexion 90 degrees and hypoesthesia along the lateral feet and legs. The medication list includes morphine, Norco, Flexeril, Ambien and Lidoderm patches. He has had Magnetic resonance imaging of the cervical spine dated 7/29/12 which revealed cervical stenosis, high grade foraminal stenosis at C5, 6-7, significant spurring at C3-4 with foraminal narrowing, disc bulges at C3-4, 5-6. 6-7; Electromyography (EMG) dated 10/30/12 showed abnormality at L5-S1 that indicated nerve root irritation; lumbar MRI dated 6/22/11 showed left laminectomy defect, disc bulge, and mild stenosis at L4-5; facet arthrosis at L5-S1, thoracic MRI dated 4/2/14 showed central disc protrusion at T5-6 and flattening of spinal cord; cervical MRI dated 4/2/14 showed multilevel

degenerative disc disease (DDD) with spinal stenosis at C5-6 and C6-7, disc flattening of cord C5-6 and C6-7. He has undergone lumbar spine surgery. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg PO qhs #30 with 2 refills: Upheld

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

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

Decision rationale: Lorazepam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines 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. 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 detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 3 and years ago. A detailed evaluation by a psychiatrist is not specified in the records provided. As mentioned above, prolonged use of benzodiazepines may lead to dependence. They do not alter stressors or the individual's coping mechanisms. The medical necessity of Lorazepam 1mg PO q.h.s. #30 with 2 refills is not established for this patient.

Methylprednisolone 4mg OD #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/10/14) Oral corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 10/30/14) Oral corticosteroids

Decision rationale: CA MTUS does not specifically address methylprednisone. Per the ODG guidelines cited below, oral corticosteroids are "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA,

2013). "Therefore there is no high grade scientific evidence to support the use of oral corticosteroids for this diagnosis. Response to other pharmacotherapy including NSAIDs for pain is not specified in the records provided. Oral steroid is recommended in ulcerative colitis. Patient had history of ulcerative colitis. A detailed examination related to ulcerative colitis is not specified in the records provided. Evidence of flare up of ulcerative colitis is not specified in the records provided. The medical necessity of Methylprednisolone 4mg OD #1 is not fully established in this patient at this time.