

Case Number:	CM14-0174701		
Date Assigned:	10/27/2014	Date of Injury:	08/29/1964
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 Osteopathic Family Practice 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 73-year old male with a date of injury on August 29, 1964. According to utilization review dated September 23, 2014, the patient was seen on June 17, 2014 at which time he complained of neck pain, stiffness, tenderness, muscle spasm, and epigastric and abdominal pain. Treatment included massage, opioids, and muscle relaxants. Diagnoses included chronic pain, depression, Gastroesophageal reflux, and muscle spasm and neck pain. The prior peer reviewer noncertified the request for massage. It was noted that per guidelines if used, massage should be an adjunct to recommended treatment such as exercise. Documentation failed to reveal that the patient was undergoing any other treatment for his neck complaints. Additionally, the prior peer reviewer noted that guidelines limit massage to 4 to 6 visits in most cases. It was noted that while the number of sessions attended is unclear, it appears the patient has been attending massage therapy prior to the June 17, 2014 progress report. With regards to Ativan, it was noted that according to an August 1, 2012 letter, the patient had been prescribed Ativan for over 22 years. It was pointed out that the guidelines recommend only short-term use of this medication. Therefore, the recommendation was made to certify with modification to allow 72 tablets. Regarding hydrocodone/APAP, the prior peer reviewer noted that the continuation appears inappropriate. However, it was recommended that hydrocodone/APAP be continued until weaning of Ativan is complete. A letter dated June 17, 2014 signed by the patient's physician notes that the patient's back and neck pain and spasms are becoming more pronounced due to the severity of his work related injuries of his back, neck, foot, rotator cuff surgeries and his advanced age of 73 years. The physician notes that the patient still needs Ativan 2 mg three times per day as well as the hydrocodone 7.5/325 mg three per day. It is also recommended that he continue to see a licensed massage therapist once a week. The patient has sought out a massage therapist and has had good results. The physician notes he is convinced

that if the patient does not continue with medications and massage therapy he would have little quality of life. A letter from the patient's physician dated October 28, 2014 states that the patient has chronic pain in his neck, neck spasms and back pain. Hydrocodone and Ativan have been helping to control the pain and spasms. Without medications the patient would have a very limited quality of life. The physician has enclosed data from the Ativan Company that there have been no tests for long-term use, only four month trial basis. He notes that the information regarding that Ativan should be only used for four months is from a study that was only a short-term study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Licensed Massage Therapist Sessions 1 Per Week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 59-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Massage Therapy

Decision rationale: As noted by the referenced guidelines, massage is a passive intervention and is considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise). In this case, the medical records do not establish that massage is being used as an adjunct to active interventions. Furthermore, the referenced guidelines state that treatment beyond 2 months should be documented with objective improvement in function. In this case, without documentation of specific objective improvement obtained from past massage therapy sessions, the request for Unknown Licensed Massage Therapist Sessions 1 per Week is not medically necessary.

90 Ativan 2mg: 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): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines

Decision rationale: Per the referenced guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The guidelines state that benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). In this case, it is noted that the patient is also being prescribed Hydrocodone which would put the patient at a greater risk of adverse effects. The guidelines also state that tolerance to hypnotic effects develops rapidly (3-14 day). The

referenced guidelines note, "Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. (AGS, 2012) Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). (Billioti, 2014)" Given that the CA MTUS and ODG do not recommend long term use of benzodiazepines, the ongoing use of this medication cannot be supported, and weaning is recommended. It is noted that the prior peer review has modified the requested amount of #90 to allow #72 for weaning purposes. As such, the request for Ativan 2 mg #90 is not medically necessary.