

Case Number:	CM14-0174891		
Date Assigned:	10/28/2014	Date of Injury:	10/26/1999
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 51-year-old male with a date of injury of 10/26/1999. The listed diagnoses per [REDACTED] are: 1. Low back pain. 2. Cervical pain. 3. Chronic pain. According to progress report 09/23/2014, the patient presents with ongoing severe cervical pain. MS Contin 30 mg has been "helpful." He is using Norco 10/325 daily and is "vomiting near daily." Cervical pain is now 9/10, and lumbar pain was noted as worse. Examination revealed "very uncomfortable, holding neck." Cervical and lumbar range of motion was decreased. Report 08/21/2014 states the patient has ongoing severe neck and low back pain. It was noted the patient has limited range of motion in the neck and low back due to pain. The patient is to remain off work until 12/31/2015. The treater is requesting a refill of medications. Utilization review denied the request on 10/02/2014. Treatment reports from 06/19/2014 through 09/23/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.25 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with ongoing chronic low back and neck pain. The treater is requesting a refill of alprazolam 0.25 mg #60. 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 the use to 4 weeks." Review of the medical file indicates the patient has been prescribed this medication since at least 07/09/2014. In this case, the patient has been taking this medication on long-term basis, and MTUS does not support long-term use of benzodiazepines. The request is not medically necessary.

Hydrocodone/Acetaminophen 10/325 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with ongoing chronic neck and low back pain. The treater is requesting a refill of hydrocodone/acetaminophen 10/325 mg #120. The 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 4 A's (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. Review of the medical file indicates the patient has been prescribed this medication since 06/19/2014. The treater in his 09/23/2014 report indicates the patient is utilizing Norco and is vomiting near daily. The medical file provided for review does not provide any further discussion regarding this medication. There are no specific ADLs to show significant change, and no outcome measures are provided to show how the medication is used and with what effect. Validated instruments are not used, urine drug screens are not provided, and there is no CURES report mentioned for appropriate opiates management. Given the lack of sufficient documentation demonstrating the efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS. The request is not medically necessary.

Diazepam 5 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine.

Decision rationale: This patient presents with ongoing chronic cervical and lumbar pain. The treater is requesting a refill of Diazepam #180. The MTUS Guidelines do not support long-term use of benzodiazepine, and when used, recommendation is for no more than 2 to 3 weeks. In this

case, the treater has been prescribing Diazepam since 07/09/2014. Benzodiazepines are not recommended for long term use; therefore, the request is not medically necessary.