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| Case Number: | CM14-0044701 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 03/03/2009 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 claimant is a 60-year-old female who was injured on 03/03/2009. The mechanism of injury is unknown. Prior medication history includes Norco. There are no reports documenting the use of Lorazepam or Soma. A progress report dated 01/03/2014 indicates the patient complained of mid and lower back pain. She stated pain on the right side is greater than on the left. She also reported lower extremity pain, buttock pain, and thigh pain radiating into the ankle with numbness at the great toe. On exam, she has slight lumbar discogenic scoliosis. She could not heel-toe walk on the right and heel walk on the left. Her straight leg raise test was tight on the left and positive on the right. Her range of motion was limited, exhibiting flexion at 50; extension at 5; bilateral rotation at 20; and bilateral tilt to 15. Assessment is status post L3-L5 lumbar spine interbody fusion, lumbar stenosis, and lumbar bilateral radiculopathy. The plan included electromyography (EMG) of the lower extremities bilaterally as well as MRI with and without contrast of the lumbar spine to further assess scar tissue and other intra-articular abnormalities. A utilization review dated 03/06/2014 denied the requests for Hydrocodone 10/325mg #240, 30-day supply and Lorazepam #60, 30-day supply due to a lack of documented evidence of functional improvement resulting from its use. The request for Soma #90, 30-day supply was modified to #40 to allow for safe weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA #90 (30-DAY SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Chronic use of muscle relaxants is not recommended. Per California MTUS guidelines, Soma is not recommended for longer than 2 to 3 weeks period. The medical records do not document the presence of muscle spasm on examination, nor do they demonstrate that the patient presented with an acute exacerbation unresponsive to first-line interventions. Therefore, the medical necessity of Soma is not established. The request is not medically necessary or appropriate.

HYDROCODONE 10/324 MG 1-2 TABS #240 30 DAY SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: As per California MTUS guidelines, Hydrocodone is indicated for moderate to severe pain. It is classified under "short-acting opioids", which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records do not establish that there has been a failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. The medical records do not include any assessment of pain and/or function as related this medication that would justify consideration of the continuation of Hydrocodone administration. Therefore, the medical necessity of Hydrocodone #240 has not been established.

LORAZEPAM #60 (30-DAY SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines & Weaning Page(s): 24 & 124.

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

Decision rationale: According to the California MTUS 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. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. The guidelines state Benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. In addition, the medical records do not document current subjective complaints, objective findings/observations, or an active diagnosis of an anxiety disorder. Regardless, a more appropriate treatment for anxiety disorder is an antidepressant. The medical records do not provide a clinical rationale that establishes the necessity for a medication not recommended under the evidence-based guidelines. Therefore, this request is not medically necessary or appropriate.