

Case Number:	CM14-0067294		
Date Assigned:	07/11/2014	Date of Injury:	08/11/1999
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational 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:

The claimant injured her neck, low back, and ankle on 08/11/99 while shoveling sludge and driving a tractor. Oxycodone and Lorazepam are under review. There is a note dated 12/06/02 when the claimant saw [REDACTED] for an orthopedic evaluation. Her medications at that time included Lorazepam, Morphine, and Duragesic patch. She was diagnosed with chronic cervical, thoracic, and lumbar strain which were mild and somatoform pain disorder. Electrodiagnostic studies were unremarkable. She had 5 of 5 Waddell signs of non-physiologic pain disorder as well as profound symptom magnification on clinical examination. Her subjective complaints far outweighed her objective findings. She was placed as permanent and stationary. She was to continue her home exercises and should be weaned off all narcotic medications. A self-directed biofeedback program was recommended. Most of the notes that were submitted for review are quite old. She was evaluated on 04/24/14 and had neck and low back pain. Her pain was 4/10 and 9/10 without medication. There were no new problems or side effects but she had difficulty sleeping. She was taking her medications as prescribed and they were working well without side effects. She was paying out of pocket for her medications. Not taken any Oxycodone in 3 days due to the warmer weather. She had reduced the Norco. She took 2 tablets 2 days before. She was in moderate pain with a slow wide-based gait and assistive devices. Spine range of motion was restricted by pain. She had spasm, tenderness, and slight muscle bands bilaterally and Spurling's maneuver caused pain radiating to the upper extremity. The low back had restricted range of motion due to pain, tenderness, and spasm and there were tight muscle bands and trigger points. There was tenderness over the sacroiliac spine. The requests for Oxycodone and Lorazepam were modified to allow weaning. The claimant has had extensive treatment. On 04/24/14, the urine drug screen was all negative. She saw [REDACTED] on 05/22/14 and complained of difficulty sleeping. She was taking Lorazepam 0.5 mg 3 times daily as needed; Lidoderm

patches, Soma 3 times a day as needed, Norco 10/325 mg 3 times a day as needed. She was also taking Oxycodone 15 mg tablets once every 6 hours as needed and Oxycodone 15 mg tablet once every 16 hours as needed for pain. She was stable on her current medication. There is no mention of the 4 A's. On 06/19/14, she was seen again for neck pain. She had adjusted to the tapered medications and denied overtaking her medications. She wanted an 8 week supply because she would be away. She reported poor sleep due to the CPAP machine. On 07/10/14, Lorazepam and Oxycodone were modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg, 1 tab three times a day as needed, #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Medications for Chronic Pain Page(s): 54, 94.

Decision rationale: The history and documentation do not objectively support the request for Lorazepam 0.5 mg, 1 tab three times a day as needed, #75. The MTUS state "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 more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The MTUS further state "Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." In this case, the claimant has been taking Lorazepam for what appears to have been a prolonged period of time but her pattern of use and the specific benefit she receives from the use of this medication are unknown. There is no evidence of extreme anxiety and it is not clear whether she uses it for spasm and gets relief. She reports trouble sleeping from both pain and CPAP and the use of Lorazepam for these problems has not been distinguished. The medical necessity of the continued use of Lorazepam 0.5 mg TID has not been clearly demonstrated. Therefore, this request is not medically necessary.

Oxycodone 15mg, four times a day, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Oxycodone 15mg, four times a day, #100. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of oxycodone is unclear other than that she takes it and she states it helps. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at her follow up office visits. As such, the medical necessity of the ongoing use of Oxycodone 15 mg QID #100 has not been clearly demonstrated. Therefore, this request is not medically necessary.

Oxycodone HCL 15mg, four times a day, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Oxycodone 15mg, four times a day, #20. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she

received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Oxycodone is unclear other than that she takes it and she states it helps. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at her follow up office visits. As such, the medical necessity of the ongoing use of Oxycodone 15 mg QID #100 has not been clearly demonstrated. Therefore, this request is not medically necessary.