

Case Number:	CM14-0068791		
Date Assigned:	08/06/2014	Date of Injury:	08/10/2001
Decision Date:	09/26/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/13/2014

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 Illinois. 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 injured worker is a 53-year-old female who reported an injury on 08/10/2001 due to a motor vehicle accident. On 08/24/2014, the injured worker presented with pain defined as an unpleasant sensory and emotional experience primarily associated with tissue damage. The diagnoses were chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological general medical condition, and insomnia persistent due to chronic pain. Upon examination, the injured worker had a pain level of 8/10. There was a prior total knee replacement to the left side performed on 03/31/2014. Current medications included methadone, Dilaudid, Soma, diazepam, and Naprosyn. The provider recommended Dilaudid, Soma, diazepam, Naprosyn, a TENS unit purchase, and a behavioral medicine consultation. The provider's rationale was not provided. The Request for Authorization form was dated 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: California MTUS guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker presented with a 7/10 to 8/10 average pain level. There was lack of documentation that the prior use of Dilaudid has been effective in controlling the injured worker's pain level and increasing function. Additionally, there was lack of documentation of a complete and adequate physical examination of the injured worker in the provided documentation. The provider does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Soma 350mg, #60: Upheld

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

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

Decision rationale: The request for Soma 350 mg with a quantity of 60 is not medically necessary. The California MTUS does not recommend Soma. The medication is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. There was lack of documentation of the efficacy of the prior use of Soma. Additionally, the provider did not include a complete and adequate assessment of the injured worker in the provided documentation. The efficacy of the prior use of Soma has not been provided. As such, medical necessity has not been established. Therefore, this request is not medically necessary.

Diazepam 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine (Anti-Anxiety).

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

Decision rationale: The request for diazepam 10 mg of a quantity of 60 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is improvement, and there is risk of dependence. Most guidelines admit use to 4 weeks. The injured worker has been prescribed diazepam previously, and the efficacy of the medication has not been established. Additionally, the provider's request for diazepam 10 mg of a quantity of #60 exceed the guideline recommendation of short term use. Lack of efficacy of the medication documented to support continued use and the frequency was

not provided in the request as submitted. As such, medical necessity has not been established. Therefore, this request is not medically necessary.

Naprosyn 500mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for naprosyn 500 mg with a quantity of 60 is not medically necessary. California MTUS state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, onset or worsening of pre-existing hypertension. It is generally recommended that the most effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment, and efficacy of the prior use of medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established and therefore, this request is not medically necessary.

TENS Unit Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carroll-Cochrane, 2001.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for TENS unit purchase is not medically necessary. The California MTUS Guidelines do not recommend TENS as a primary treatment modality. 1 month home based test trial may be considered as a noninvasive, conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive. The published trials do not provide information on the simulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is lack of documentation indicating significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative treatment were not provided. It was unclear if the injured worker underwent an adequate TENS trial. The provider's request does not indicate the site at which the TENS unit was intended for in the request as submitted. As such, medical necessity has not been established and therefore, this request is not medically necessary.

Behavioral Medicine Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Office Visit.

Decision rationale: The request for behavioral medicine consultation is not medically necessary. Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review and the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker's conditions are extremely varied; a set number of office visits per condition cannot be reasonably established. The determination of a necessity for an office visit requires individualized case review and assessment being ever mindful that the best injured worker outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. There is lack of documentation on the provider's rationale for behavioral medicine consultation. Additionally, there is lack of documentation on how the behavioral medicine consultation will allow the injured worker to evolve in a new treatment plan or goals for the injured worker. As such, medical necessity has not been established. Therefore, the requested consultation is not medically necessary.