MAXIMUS Federal Services

Case Number:	CM14-0069108		
Date Assigned:	07/14/2014	Date of Injury:	05/10/2001
Decision Date:	09/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 63-year-old female who has submitted a claim for fibromyalgia, myofascial pain syndrome, chronic pain syndrome, depressive disorder, cognitive disorder, and degenerative disc disorder associated with an industrial injury date of 5/10/2001.Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the shoulders, hips, gluteal area, neck and hips. She reported easy fatigability. Pain was rated 9/10 in severity and relieved to 3/10 upon intake of medications. Opioids allowed her to perform her activities of daily living. Patient reported that generic form of tramadol resulted to gastrointestinal upset. Physical examination revealed muscle spasm and stiffness of the lumbosacral region. Straight leg raise was positive bilaterally. Urine drug screen from 8/14/2014 showed positive levels for tramadol and lorazepam.Treatment to date has included medications such as Norco, Ultram, Ativan, and Robaxin.Utilization review from 5/7/2014 denied the request for Norco 5/325mg #90 because there was no documented functional improvement with its use; modified the request for Ultram 50mg #100 into quantity 60 for the purpose of waning because the records did not provide that she had functional improvements from its long-term use; and modified the request for Ativan 1mg #30 into quantity 25 for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 5/325mg #90: Upheld

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

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

Decision rationale: According to pages 76-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. There is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco was prescribed since May 2014 as adjuvant therapy to Ultram. Patient was instructed to take Norco for severe pain. However, the most recent progress report cited that Ultram was able to significantly diminish pain severity from 9/10 to 3/10. The medical necessity for additional opioid has not been established at this time. Therefore, the request for Norco 5/325mg #90 is not medically necessary.

1 prescription for Ultram 50mg #100: Overturned

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since 2013. Patient reported significant reduction of pain severity from 9/10 into 3/10 attributed to its use. Patient likewise reported that she was able to perform activities of daily living secondary to tramadol. Urine drug screen for all 8/14/2014 was likewise consistent with prescribed medications. Guideline criteria for continuing opioid management have been met. Therefore, the request for Ultram 50mg #100 is medically necessary.

1 prescription for Ativan 1mg #30: 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): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, patient has been on Ativan since 2013. However, there was no clear indication for this medication. Functional improvement derived from its use was likewise not documented. Moreover, long-term use was not recommended by day guidelines. Therefore, the request for Ativan 1mg #30 is not medically necessary.