

Case Number:	CM14-0071660		
Date Assigned:	07/16/2014	Date of Injury:	01/13/2010
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 available records indicate that this is a 40-year-old male who injured his back on 1/13/10. On 1/29/13, patient (pt) underwent multiple procedures in the lower back including L5-S1 fusion, decompressive laminectomy/facetectomy and arthrodesis. Patient remained symptomatic of the after that and had updated imaging studies done. An AME of 10/3/13 did not find the patient to be at MMI. There is a PR-2 of 4/16/14 from a pain Management indicating there is pain in the lower back rated 5/10, pain 8/10 over the past weekend 4/10 with medications. There is mention of pain radiating to the right lateral mid-thigh. There are difficulties with activities of daily living, walking/running, stiffness and difficulty sleeping. Medications prescribed are certain for antihistamine effects (decreasing swelling and inflammation), Norco for analgesic effects 10/325 3 times a day, Lyrica twice a day, and Diazepam for anxiolytic effects to treat anxiety and muscle spasm, using 10 mg once a day. He reportedly takes this regularly. In the low back he was noted to have an abnormal posture, some reduced range of motion. Straight leg raise is positive, there are positive facet loading maneuvers, and sensation was diminished over the bilateral L4 and L5 distribution. There is mild weakness of ankle dorsiflexion, ankle plantar flexion and extensor pollicis bilaterally. Diagnoses were post laminectomy syndrome, lumbar 1/29/13; radiculopathy lumbar spine; facet arthropathy lumbar; lumbosacral disc degeneration; Scar conditions and fibrosis of skin, lumbar spine; lumbar discogenic pain; lumbar degenerative; lumbago. In the treatment plan it states the patient is having worsening claudication in both legs and is scheduled to see an AME. PR-2's of 3/19/14, 2/19/14 and 1/21/14 document similar subjective complaints and objective findings and the same medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zyrtec 10mg QTY: 1.0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine Cetirizine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:http://www.fda.gov/ohrms/dockets/AC/03/briefing/3999B1_23_Zyrtec.pdf.

Decision rationale: MTUS/ODG guidelines do not address this medication which is also known as cetirizine. FDA prescribed information indicates that this is an antihistamine indicated for use with seasonal allergic rhinitis, perennial allergic rhinitis and chronic urticaria. There is no indication that Zyrtec treats inflammatory musculoskeletal diseases. MTUS guidelines don't address this for use in the treatment of chronic pain. The medical reports provided do not indicate this patient has any allergic rhinitis or problems with chronic urticaria (hives) and thus, based upon the medical evidence is not considered to be medically necessary.

Tramadol ER 100mg #90 QTY: 1.00: 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 Page(s): 74-96.

Decision rationale: Tramadol ER is an extended-release opiate which is being prescribed 3 times a day on an as needed basis. The reports do not document how many the patient actually uses every month or on an average day. The patient has been routinely prescribed #90 each month. Guidelines indicate that the extended-release opioids are intended to stabilize medication levels for patients who require around the clock analgesia. Additionally, extended-release opioids are only indicated if the patient is not getting adequate analgesia from his short-acting opiate, hydrocodone. This is not documented in the reports. The reports do not document specific functional benefit from the tramadol ER and MTUS guidelines do not support ongoing use of opiates that does not result in functional benefit. Thus, based upon the evidence and the guidelines this is not considered to be medically necessary.

Diazepam 10mg #30 QTY: 1.0: 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 Page(s): 24, 63, 66.

Decision rationale: This is a benzodiazepine also known under the brand name of Valium. MTUS guidelines do not support long-term use because the efficacy with long-term use is unproven and there is a risk of dependence. Tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. It is not recommended as a muscle relaxant because tolerance to this medication as a muscle relaxant occurs within weeks. The medical reports indicate that use of this medication has been chronic which is not supported by MTUS guidelines. The reports do not document there any particular specific functional benefit from use of this medication. Therefore, there is no justification for continued use. Thus, based upon the evidence and the guidelines this is not considered to be medically necessary.