

Case Number:	CM14-0074387		
Date Assigned:	07/16/2014	Date of Injury:	12/26/1998
Decision Date:	08/25/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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:

This is a 57-year-old male who sustained injury on 12/26/1998 when he developed pain in his neck while lifting hoses. A progress report 04/23/2014 indicates patient complained of severe pain with constant pain in his neck, muscle spasms, cramping sensation down his shoulder blade, and burning sensation in his arms. He states he cannot function without pain medication. He states without the pain medications he feels sedentary and cannot function. He has weaned down on his medication. He is using 30 mg of MS Contin tid, low dose Norco 7.5/325 mg about 6 per day, Valium daily for frequent, severe muscle spasms. He uses Celebrex as an anti-inflammatory and Rozerem for insomnia. He uses Senokot and Colace to offset constipation from narcotic use. He relates a VAS pain score regarding his neck complaints 8/10 today, at best 7/10 with medication, at worst 10/10 without them. Physical exam showed neck range is limited. Cervical compression causes neck pain that radiates in his right shoulder blade area. Palpation reveals rather significant muscle rigidity across the cervical paraspinal and cervical trapezius muscles suggesting muscle spasm. Motor strength, sensation, and DTRs are grossly intact in the upper extremities. He was diagnosed with cervical spondylosis with sprain/strain, muscle spasms, neuropathic pain and headaches. He reports 50% reduction in pain and reports at least 50% functional improvement with taking the medications versus not taking them at all. He is under narcotic contract with our office. Urine drug screens have been appropriate. He is on the very lowest narcotic dose in my opinion to keep him functional at this point. UR dated 04/28/2014 indicates that for the request for MsContin and Norco, the medical necessity for the continued use of these narcotics has been established and is partially certified to 70 MsContin and 135 Norco to initiate a weaning process. The request for Valium was denied because the medical necessity has not been established and the request is partially certified to 20 Valium to initiate a weaning process. The request for Rozerem was denied since there are no results of sleep behavior modification attempts or documentation of failed trials of other guideline-supported treatments such as Lunesta. The request for Senokot was denied since there is

insufficient documentation indicating the concurrent authorization of two laxatives.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms contin 30 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain though efficacy of long-term use is not clearly established. In this case the patient is prescribed MS Contin on a long-term basis for chronic neck pain. Functional improvement and pain reduction are documented, but only one clinic note on 4/3/14 is provided such that long-term improvement is not clear. Further, the patient's current opioid prescription exceeds the maximum Morphine Equivalent Dose (MED) of 120 recommended by guidelines. Medical necessity is not established.

Norco 7.5 /325 Mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain though efficacy of long-term use is not clearly established. In this case the patient is prescribed Norco on a long-term basis for chronic neck pain. Functional improvement and pain reduction are documented, but only one clinic note on 4/3/14 is provided such that long-term improvement is not clear. Further, the patient's current opioid prescription exceeds the maximum Morphine Equivalent Dose (MED) of 120 recommended by guidelines. Medical necessity is not established.

Valium 10mg Qty 30: 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 Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use due lack of demonstrated efficacy and risk of dependency. The patient appears to be prescribed Valium on a long-term basis. Medical necessity is not established.

Rozerem 8 Mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to ODG guidelines Rozerem, a melatonin-receptor-agonist, is recommended for insomnia. However, the efficacy and safety of long-term treatment of insomnia is not established. In this case the patient is prescribed Rozerem for insomnia due to pain. However there is no discussion of duration of use, efficacy, or sleep hygiene. Medical necessity is not established.

Senokot 250 Mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced Constipation Treatment.

Decision rationale: According to ODG guidelines, prophylactic treatment of opioid-induced constipation is recommended. In this case the patient is prescribed, Senokot, a stimulant laxative, along with Colace, a stool softener. However, efficacy of this medication is not discussed, and opioids are not clearly necessary.