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| Case Number: | CM14-0085700 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 11/24/2010 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 45-year-old male who reported an injury 11/24/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 05/13/2014 indicate a diagnoses of status post lumbar fusion, lumbar discogenic disease, chronic low back pain, symptomatic hardware lumbar spine, cervical discogenic disease multilevel per MRI findings, and chronic cervical spine sprain/strain. The injured worker reported chronic low back pain, cervical neck pain, and dorsal spine pain. The injured worker rated his pain 8/10. Physical examination of the lumbar spine range of motion was limited. The injured worker had a positive Lasegue bilaterally, positive straight leg raise bilaterally at 60 degrees, decreased sensation bilaterally at S1 distribution, and pain bilaterally at S1 distribution with tenderness to palpation over the hardware. The injured worker's cervical spine exam revealed spasms, pain, and decreased range of motion with facet tenderness and radiculopathy bilaterally at C5-7 with tenderness to palpation over the facet joints and pain with axial compression. The injured worker's treatment plan included refill medication to include Norco, Xanax, Restoril, and Flexeril, request C5-7 facet block bilaterally, return to clinic in 6 weeks, The injured worker had anxiety, Xanax helped with that. He cannot sleep, Restoril helped with it. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Xanax, Restoril, Neurontin, and Flexeril. The provider submitted a request for Neurontin, Norco, Xanax, Restoril, and Flexeril. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 10/325 mg, #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Page(s): 78, 91.

Decision rationale: The request for Norco, 10/325 mg, #180 with 3 refills is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, it was not indicated how long the injured worker had been utilizing Norco. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Norco, 10/325 mg, #180 with 3 refills is not medically necessary.

Neurontin, #120: 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 specific anti-epilepsy drugs Page(s): 18.

Decision rationale: The California MTUS guidelines recognize gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the request does not indicate a frequency or dosage for this medication. Therefore, the request for Neurontin, #120 is not medically necessary.

Xanax, 1 mg, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Formulary.

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

Decision rationale: The request for Xanax, 1 mg, #30 with 3 refills is non-certified. The Official Disability Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of

overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). There is lack of documentation of efficacy and functional improvement with the use of Xanax. In addition, Xanax is not indicated for long term use. Moreover, it was not indicated how long the injured worker had been utilizing this medication, however, the injured worker has been utilizing Xanax since at least 04/01/2014. This exceeds the guidelines recommendation of short term use. Moreover, the request does not indicate a frequency for the Xanax. Therefore, the request for Xanax, 1 mg, #30 with 3 refills is not medically necessary.

Restoril, 30 mg, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Restoril, 30 mg, #30 with 3 refills is non-certified. The Official Disability Guidelines state Restoril is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. There is lack of documentation of efficacy and functional improvement with the use of Restoril. In addition, it was not indicated when the injured worker started Restoril, however, the injured worker has been utilizing Restoril since at least 04/2014. This exceeds the guidelines recommendation for short term use. Moreover, the guidelines do not recommend Restoril as a first line medication and it was not indicated if the injured worker had tried a first line benzodiazepine or a first line medication. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for Restoril, 30 mg, #30 with 3 refills is not medically necessary.

Flexeril, 10 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42.

Decision rationale: The request for Flexeril, 10 mg, #60 is non-certified. The CA MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is lack of documentation of efficacy and functional improvement with the use of this

medication. In addition, the request does not indicate a frequency. Therefore, the request for Flexeril is not medically necessary.