

Case Number:	CM14-0085763		
Date Assigned:	07/25/2014	Date of Injury:	02/19/2004
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
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 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 injured worker is a non-working 71-year-old male who sustained work-related injuries on February 19, 2004. He has a history of right knee injury with subsequent right knee surgery performed in 2009 and physical therapy. Records dated January 30, 2013 documented that the injured worker complained of significant leg pain that was slightly worsening. On examination of the lumbar spine, pain with range of motion was noted. His sciatic stretch was positive. Significant lumbar paraspinal muscle tenderness was noted. A urine specimen was obtained. Medical records dated April 23, 2014 documents that the injured worker complained of low back pain rated at 10/10, bilateral shoulder rated at 3/10, and right leg pain noted at 6/10. On examination, antalgic gait and difficulty performing heel and toe walk was noted. Lumbar spine examination noted flattening of the lumbar lordosis. Tenderness, spasm, and tightness of the paraspinal musculature of the lumbar region were noted. Midline tenderness was also noted. Range of motion was noted to be limited in all planes. Sensation was slightly abnormal using pinwheel. Most recent medical records dated June 18, 2014 documents that the injured worker still has ongoing low back pain with numbness and tingling sensation to the lower extremities. He stated that he was having difficulty with performing duties and home exercises due to pain. He described his low back as stabbing and rated it as 10/10. He also complained of left shoulder pain which he described as aching and rated it at 8/10. He also stated having lots of anxiety. He reported that he takes three to four Norco per day which was helpful along with temazepam and stomach medication for constipation. Physical examination findings were essentially unchanged. He was diagnosed with status post laminectomy and interbody fusion with posterolateral fusion, L3-L4 and L4-L5 (lowest motion segments).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30 with 3 refills: 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 based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, BENZODIAZEPINES.

Decision rationale: According to evidence-based guidelines, Ativan (lorazepam) is generally classified under benzodiazepines which are noted to be only effective for acute treatment. Long term use is problematic as few injured worker's achieve and sustain remission with monotherapy. These are used primarily as an adjunct for stabilization during initiation of a selective serotonin reuptake inhibitor or serotonin-norepinephrine reuptake inhibitor. Its main disadvantage is the risk of abuse and physiological dependence with long-term use. In this case, the injured worker has been utilizing benzodiazepines in the long term which is against the recommendations of evidence-based guidelines. Also the request is #30 with three refills, which is another violation of the evidence-based guidelines that limits the use of benzodiazepines in the long term. Therefore, the medical necessity of the requested Ativan one milligram #30 with three refills is not established.

Hydrocodone/apap 10/325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE; OPIOIDS, LONG-TERM ASSESSMENT; OPIOIDS, SPECIFIC DRUG LIST Page(s): 76-80; 88-89; 91.

Decision rationale: Evidence-based guidelines indicate that opioids are medications which are generally recommended to be used on a short-term basis. However, if they are to be used in the long-term, evidence-based guideline criteria are in place that the injured worker should meet in order to allow ongoing or continued usage of opioids in the long term. Guidelines indicate that the prescription should be provided only by a single physician, the lowest possible dosage should be provided, documentation of analgesia, duration, decrease in pain levels, increase in functional improvements, documentation of drug misuse or abuse, usage of urine drug screening test, and if the injured worker has returned to work. In this case, this medication has been modified with prior utilization review for weaning purposes however it was not yet initiated. Although, it is noted that the injured worker is getting his opioid prescription from his treating physician, the dosage provided is not the lowest possible dose. Furthermore, based on the provided records, there is no significant change with the pain level that the injured worker reported nor is there documentation of significant functional improvement and yet he is not able to go back to work. In addition, it is noted that he had underwent urine drug screening in 2014 with this provider

however results were not provided. Also, this medication is indicated to address pain secondary to any breakthrough or flare-up pain, there is no documentation of such event. Due to failure to satisfy the criteria provided by evidence-based guidelines and no documentation of any extenuating or flare-up, the medical necessity of the requested hydrocodone/acetaminophen 10/325 milligrams #90 with three refills is not established.