

Case Number:	CM14-0094933		
Date Assigned:	07/25/2014	Date of Injury:	06/26/2003
Decision Date:	09/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Pain 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 patient is a 46-year-old male who sustained an industrial injury on 6/26/2003. He is status post C6 and C7 anterior cervical discectomy and fusion plate on 1/11/2011. The patient had a follow-up office visit on 3/27/2014, regarding complaint of continued severe neck pain. Prescribed medications list is Lisinopril, Gordogesic, Percocet, Ativan, oxycodone, Colace, omeprazole, Prilosec, gabapentin, Ambien and Soma. Lyrica is also prescribed. Examination documents severe tenderness, weakness and very poor range of motion in the right upper extremity, tender trigger points in the entire right upper extremity, cervical paraspinal and periscapular muscles on the right. No unusual anxiety or evidence of depression. Diagnoses are cervical spine DDD, radiculopathy and myofascial pain. According to the handwritten PR-2, the patient recently had a follow-up evaluation with his primary treating physician on 4/4/2014, with complaints of right shoulder pain and right neck pain. He complains of cervical pain with mastication, and also complains of insomnia. Examination documents well healed incision at the cervical spine, full range of motion, tenderness, paraspinal right shoulder, positive AC joint tenderness, and positive Neer's, Hawkins and Obrien's. Treatment plan includes continued compound cream as NSAIDs. Patient remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15 mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s) : 24.

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, Quazepam; Benzodiazepines.

Decision rationale: According to the guidelines, quazepam is not recommended. This drug is within the class of drugs, Benzodiazepines, which are not recommended. The long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The medical records do not provide a clinical rationale to justify providing medication that is not recommended under the evidence-based guidelines. Therefore, the medical necessity of quazepam 15mg #30 is not established. The request is not medically necessary.

Norco 10/325 mg. # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s) : 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not document pain and functional improvement with comparison to baseline, relevant to Norco. Per the guidelines, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient continues to have complaints of severe pain, has not returned to work, and examination findings are unchanged. Chronic use of opioids for non-malignant pain is not supported. Given the absence of documented benefit, continued use of Norco is not medically indicated. The request is not medically necessary.

Anaprox 550 mg. # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory drugs Page(s) : 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the CA MTUS, NSAIDs are recommended as an option for short-term symptomatic relief. Anaprox is recommended for relief of mild to moderate pain. The medical records do not document improvement with NSAID use. In addition, the guidelines document the recommended daily dosage for Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Prescription of Anaprox 550 mg #90, equates to 1650 mg per day, which exceeds the recommended maximum dosage. Based on the lack of documented improvement in pain and function, and the prescribed dosage of Anaprox and number of pills exceeds guideline recommendations, the medical necessity has not been established. The request is not medically necessary.