MAXIMUS Federal Services

Case Number:	CM14-0184418		
Date Assigned:	11/12/2014	Date of Injury:	09/20/2009
Decision Date:	01/15/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/05/2014

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:

Patient is a 59 year-old male with date of injury 09/20/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/17/2014, lists subjective complaints as pain in the low back. Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles. Range of motion was normal, but there was pain at the extreme ranges. Motor and reflex testing were within normal limits. Decreased sensation of the right lateral knee area on the right side. Diagnosis: 1. Chronic low back pain 2. Status post multiple spine surgeries including fusion 3. Lumbar radicular symptoms 4. Insomnia 5. Right shoulder sprain 6. Gastritis 7/ status post left total knee replacement. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months.Medications:1.Neurontin 300mg, #270 SIG: one po qhs 8 hoours2.Lorazepam 1mg, #30 SIG: one po qhs3.Oxycontin 40mg, #60 SIG: one po qhs4.Nucynta 100mg, #120 SIG: one po q 6 hours

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking lorazepam for at least 4 months. Lorazepam 1mg #30 is not medically necessary.

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 4 months. Oxycontin 40mg #60 is not medically necessary.

Nucynta 100mg #120: 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 Official Disability Guidelines (ODG) Pain (Chronic), Tapentadol (Nucyntaâ¿¢)

Decision rationale: According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation in the medical record that the patient has developed intolerable adverse effects to the current narcotic regimen. Nucynta 100mg #120 is not medically necessary.

Hydrotherapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 22, 58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The patient has apparently undergone recent hydrotherapy, but there is no documentation of any of the visits; consequently, there is no documentation of objective functional improvement. Hydrotherapy 2 x 4 is not medically necessary.

Urine Tox Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine Tox Screen is not medically necessary.