MAXIMUS Federal Services

Case Number:	CM14-0188257		
Date Assigned:	11/19/2014	Date of Injury:	07/03/2009
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 47 year old female who sustained a work place injury on 07/03/2009 after she slipped and fell on a wet surface. Her lumbar CT scan from 04/22/14 revealed AP fusion at L4-L5 with L3-L4 slight listhesis and L4-5 grade 1 listhesis, facet arthritis, mild central, mild to moderate foraminal stenosis. The progress note from 10/22/14 was reviewed. Her subjective complaints included sharp shooting pain in her low back and her posterolateral legs, pressure like sensation in her low back, tingling in her legs and numbness of her feet with subjective weakness of both legs. She was status post L4-5 fusion in 2013 with partial improvement of her right leg. Valium helped her muscle spasms, but not the anxiety and Klonopin helped with anxiety, but not muscle spasms. Pertinent examination findings included decreased sensation to light touch of right lateral leg, tenderness to palpation of back worsened by extension/flexion/rotation/lateral flexion and symmetric reflexes. Diagnoses included severe myofascial low back pain, lumbar radiculopathy, lumbar facet arthropathy, right greater trochanteric bursitis and right piriformis muscle spasm. She was noted to be using her current medications compliantly, without side effects and with good efficacy. She was noted to have failed Morphine, Dilaudid, Opana and Vicodin. Her current regimen had helped her pain more than any other regimen and she denied side effects. Her pain was decreased from 10/10 without medications to 5/10 with medications. Her urine drug screen from 09/09/2014 was consistent with the reported prescriptions. Her current medications included Dilaudid 6mg every 8 hours, Klonopin 1mg TID, Oxycontin 20mg every 12 hours, Naproxen every 12 hours, Metoprolol, Metformin and Levothyroxine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #90 with 3 refills: 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 rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The employee had chronic pain due to myofascial pain and radiculopathy. She was on Klonopin for anxiety and given the long duration of treatment, the request for Klonopin is not medically necessary or appropriate.

Oxycontin 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management of Opioids, Opioid Dosing Page(s): 78, 86, and 87.

Decision rationale: According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely and only after pain management consultation, should the total daily dose of opioid be increased above 120mg oral morphine equivalents. The employee was being treated for low back pain and radiculopathy. She was noted to have failed multiple opioid medications. She was off work. She was noted to not have any side effects from her medications. There was documentation of a recent urine drug screen that was consistent with the prescriptions. There was documentation that the medications improved her pain from 10/10 to 5/10 and she was able to do her activities better indicating that there was functional improvement. In addition, even though the dosing is more than the recommended 120mg, this regimen was being prescribed by a pain management physician after failure of surgery to completely resolve pain, lack of improvement with lower doses of medications and ESI. The request for Oxycontin is medically necessary and appropriate.

Dilaudid 4mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management, Dosing Page(s): 78, 86, and 87.

Decision rationale: According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely and only after pain management consultation, should the total daily dose of opioid be increased above 120mg oral morphine equivalents. The employee was being treated for low back pain and radiculopathy. She was noted to have failed multiple opioid medications. She was off work. She was noted to not have any side effects from her medications. There was documentation of a recent urine drug screen that was consistent with the prescriptions. There was documentation that the medications improved her pain from 10/10 to 5/10 and she was able to do her activities better indicating that there was functional improvement. In addition, even though the dosing is more than the recommended 120mg, this regimen was being prescribed by a pain management physician after failure of surgery to completely resolve pain, lack of improvement with lower doses of medications and ESI. The request for Dilaudid is medically necessary and appropriate.