

Case Number:	CM14-0188753		
Date Assigned:	11/19/2014	Date of Injury:	05/29/2014
Decision Date:	01/07/2015	UR Denial Date:	10/16/2014
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 Family 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:

This patient is a 51 year old male who sustained an injury on 5/29/2014. He sustained the injury when he slipped and fell off the truck. The diagnoses include shoulder and upper arm sprain, ankle sprain, lumbar sprain and neck sprain. Per the doctor's note dated 10/13/2014, he had improvement in neck symptoms after cervical surgery. He had complaints of some posterior discomfort and spasm of the neck. The physical examination revealed cervical and lumbar tenderness, muscle spasm in paraspinal musculatures, full lumbar spine range of motion; normal strength, sensation and reflexes in bilateral upper extremities. Per the doctor's note dated 9/08/2014, he had complaints of neck pain and left upper extremity symptoms. The physical examination revealed cervical and lumbar tenderness, muscle spasm in paraspinal musculatures, decreased cervical spine range of motion; weakness and numbness on the left at C7, decreased left tricep reflex and positive Spurling's test on the left side. The medications list includes naproxen, pantoprazole, cyclobenzaprine, tramadol, Norco and Menthoderm. She has had multiple diagnostic studies including CT scan of the thoracic and lumbar spine on 5/30/14; MRI cervical spine dated 5/30/14 which revealed marked spondylosis with disc herniation at C6-7 level; cervical spine X-rays dated 7/14/14 which revealed marked C6-7 spondylosis and cervical spine X-rays dated 10/13/14 which revealed stable ACDF at C6-7; left shoulder and left ankle x-rays. He has undergone anterior cervical disc fusion at C6-7 on 10/2/2014. He has had physical therapy visits for this injury. He has had urine drug screen on 7/14/14 which was positive for oxycodone and Oxymorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 11/21/14), Opioids, criteria for use.

Decision rationale: This is a retro request for Norco, which is an opioid analgesic. It contains acetaminophen and hydrocodone. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of retrospective request for Norco Hydrocodone/APAP 10/325mg #90 was not established for this patient.

Retro Doral Quazepam 15mg #30: Upheld

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

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

Decision rationale: Quazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS 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." Any trial of other measures for treatment of insomnia was not specified in the records provided. As mentioned above, prolonged use of benzodiazepines may lead to dependence. They do not alter stressors or the individual's coping mechanisms. The medical necessity of retrospective Doral Quazepam 15mg #30 was not fully established for this patient.