

Case Number:	CM14-0189840		
Date Assigned:	11/21/2014	Date of Injury:	12/15/2006
Decision Date:	01/08/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/13/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 48 year old female with an injury date on 12/15/2006. Based on the 08/13/2014 progress report provided by the treating physician, the diagnoses are: Low back pain; knee pain essential hypertension, unspecified; post laminectomy syndrome, lumbar region; and patient visit for long term (current) drug use. According to this report, the patient complains of "low back pain and knee pain." The pain scale is at a 9/10 worsens with walking and standing. Associated symptoms include para-vertebral muscle spasm, radicular left leg pain, numbness in the left thigh, weakness in the left extremity and urinary incontinence. Exam findings show sensory deficit in the left (S1) distribution; deep tendon reflexes: 1/4 left patellar, 1/4 right patellar. Lumbar range of motion is limited. Examination is unchanged from 06/09/2014 report. There were no other significant findings noted on this report. The utilization review denied the request for Dilaudid 2mg #45, Soma 350 mg #90, and Xanax 0.5 mg #30 on 11/10/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 11/14/2013 to 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60,61,88,89,76-78.

Decision rationale: According to the 08/13/2014 report, this patient presents with low back and knee pain. Per this report, the current request is for Dilaudid 2 mg #45. For chronic opiate use, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, activities of daily living (ADL's), adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports, Dilaudid was first mentioned on 11/27/2013 report, and it is unknown when the patient initially started taking this medication. Records show "Patient's pain index is a 9 and increases with walking and standing. Current treatment includes, Norco, moderately effective. Treatment is being tolerated without a problem." The treating physician mentions "side effects are minimal. No sedation or confusion. Constipation is managed. Appropriate use of medication. No evidence of misuse of medication." In this case, there is documentations of pain assessment but no before and after analgesia is provided. Adverse behavior was mentioned; however, the treating physician does not discuss specific improvement in activities of daily livings or document functional improvement. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document analgesia, ADL's, and Adverse effects as required by MTUS. Therefore, this request is not medically necessary.

Soma 350mg #90: 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 Muscle Relaxants Page(s): 63,64.

Decision rationale: According to the 08/13/2014 report, this patient presents with low back and knee pain. Per this report, the current request is for Soma 350 mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of records, Soma was first mentioned on 01/27/2014 report, and it is unknown when the patient initially started taking this medication. Soma is not recommended for long term use. The treating physician does not mention that this is for a short-term use to address a flare-up or an exacerbation; therefore, this request is not medically necessary.

Xanax 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

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

Decision rationale: According to the 08/13/2014 report, this patient presents with low back and knee pain. The current request is for Xanax .05 mg #30. The MTUS Guidelines page 24 state "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication." Review of records, Xanax was first mentioned on 01/27/2014 report and it is unknown when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treating physician does not mention that this is for a short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS Guidelines. It is not recommended for a long-term use; therefore, this request is not medically necessary.