

Case Number:	CM14-0206385		
Date Assigned:	12/18/2014	Date of Injury:	11/12/2000
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, 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:

This is a male patient with the date of injury of November 12, 2000. A utilization review determination dated November 10, 2014 recommends non-certification of MS Contin 60 mg #84 modified to #34, Xanax 1 mg #45 modified to #16, and Valium 10 mg #84 modified to #56. A progress note dated October 28, 2014 identifies subjective complaints of increased pain level since last visit, the patient rates his pain with medications as a 6 on a scale of 1 to 10, and his pain without medications is a 10. The patient reports good sleep quality and his activity level has remained the same. The physical examination of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine, range of motion is restricted by pain, there is paravertebral hypertonicity, spasm, tenderness, tight muscle band and trigger point on both sides. There is spinous process tenderness on L4, lumbar facet loading is positive on both sides, and straight leg raising test is positive on both sides. The diagnoses include lumbar radiculopathy, mood disorder, and post lumbar laminectomy syndrome. The treatment plan recommends proceeding with authorized SCS, the patient is in the process of finding a new urologist, continue with MS Contin 15 mg TID, continue with MS Contin 60 mg TID, continued Valium 10 mg TID, continue with Xanax PO QAM and 1/2 PO QHS, continue with Lexapro 30 mg/day, continue with Viagra 100 mg #30, continue with 14 inch French Catheter Rusch for self catheterization, and proceed with urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 mg, 84 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for Use Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for MS Contin 60mg #84, California Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested MS Contin 60mg #84 is not medically necessary.

Xanax 1 mg, 45 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Xanax 1mg #45, Chronic Pain Medical Treatment Guidelines state the 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any specific objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. In the absence of such documentation, the currently requested Xanax 1mg #45 is not medically necessary.

Valium 10 mg, 84 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Valium 10mg #84, Chronic Pain Medical Treatment Guidelines state the 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any specific objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. In the absence of such documentation, the currently requested Valium 10mg #84 is not medically necessary.