MAXIMUS Federal Services

Case Number:	CM14-0207562		
Date Assigned:	12/19/2014	Date of Injury:	07/30/1990
Decision Date:	02/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/11/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 59-year-old presenting with a work-related injury on 07/30/1990. The patient has tried medications, heat and ice, rest, physical therapy, home exercise program, and transcutaneous electrical nerve stimulation (tens unit). The patient is also status post lumbar fusion with instrumentation in the 1980. According to the medical records the patient had multiple back surgeries. Patient receives right L4 - five, and S1 rhizotomy on January 18, 2014. The patient reported that is from injections in the past which lasted up to one year. On October 28, 2014 the patient underwent right L4 - five, our and S1 radiofrequency rhizotomy, which gave over 80% benefit for short time, due to the fact the patient return to work too soon and did a significant amount of lifting, which cause the flareup. The patient's medications include Lyrica, Lunesta, soma, Norco, OxyContin 40 mg twice a day, and cotton 20 mg at bedtime. X-ray of the lumbar spine on 08/2002 revealed postoperative changes at L4 - five, progressive degenerative disc disease at L3 - four, L4 - five, and L5 - S1; facet changes at these levels. MRI of the lumbar spine on November 4, 2008 revealed multilevel degenerative disc disease, mild central canal stenosis L2 - three level due to board central disc bulging and facet arthropathy, far left lateral disc reaching and bulging L3 - four level which abuts the exiting left L3 root, operative changes L4 - L5 level with posterior facet fusion mass. On November 24, 2014 the patient complained of low back pain. The patient reported difficulty sleeping with lorazepam alone. The physical exam was significant for depressed and uncomfortable in a sitting position, favored right lower extremity during the exam, severe tenderness with severe muscle spasm over the paraspinal listed on the right, reduce range of motion on flexion, positive straight leg raise bilaterally, gratis on the right, significant pain elicited and was somewhat limited, hypoesthesia in the right lateral foot and posterior right leg, right lower extremity weakness at +1, decreased sensation in the right calf, and extensor hallux longus was at one to +2 on the right. The patient was diagnosed

with degeneration of lumbar or lumbosacral intervertebral disc, pain in limb, chronic pain syndrome, myalgia and myositis, thoracic or lumbosacral radiculopathy unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin IR 10mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Oxycontin IR 10mg # 90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Lorazepam 1mg # 30 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.

Decision rationale: Lorazepam 1 mg # 30 with 3 refills is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. Ca MTUS page 24 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. They're ranging actions include sedative/hypnotics, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore the requested medication is not medically necessary.