MAXIMUS Federal Services

Case Number:	CM15-0101250		
Date Assigned:	06/03/2015	Date of Injury:	03/01/2006
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 55 year old male, who sustained an industrial injury on 03/01/2006. He has reported subsequent neck and low back pain radiating to the bilateral lower extremities with pain and tingling and was diagnosed with lumbar facet arthropathy, lumbar radiculitis and right knee pain. Treatment to date has included oral pain medication, a home exercise program and a caudal epidural steroid injection. In a progress note dated 04/24/2015, the injured worker complained of neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. Objective findings were notable for spasm in the bilateral paraspinous musculature, tenderness to palpation in the spinal vertebral area at the L4-S1 levels, decreased range of motion of the lumbar spine, decreased sensitivity to touch along the L5-S1 dermatome in the bilateral lower extremities and slightly decreased strength in the bilateral lower extremities. A request for authorization of Tramadol and Clorazepate was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 4/24/15 progress report provided by the treating physician, this patient presents with neck pain radiating to bilateral upper extremities, low back pain radiating to the bilateral lower extremities/feet with numbness/tingling/weakness, with pain rated 9/10 with medications and 10/10 without medications. The treater has asked for 1 Prescription Of Tramadol 50MG #60 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p caudal epidural steroid injection left L5-S1 from 11/8/13 with 50-80% improvement for 2 months, with improved mobility and sleep per 2/12/15 report. The patient reports repeated falls over the past few months per 4/24/15 report. The patient reported 3 days of not being able to sleep per 3/27/15 report. The patient states that current medications including Tramadol is helpful, with improved sleep per 4/24/15 report. The patient feels his leg pain/weakness is worsening as he falls and struggles to walk per 3/27/15 report. The patient feels the need for a cane per 4/24/15 report. The patient has not had prior surgical interventions to the neck or back per review of reports. The patient is currently not working as of 4/24/15 report. MTUS Guidelines pages 88 and 89 states, 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. Tramadol has been included in patient's medications per treater reports dated 3/27/15 and 4/24/15. Patient has had adverse allergic reaction to Norco per 4/24/15 report, and was taking Ultram as of November 2014 per 2/12/15 report. In this case, the patient does state Tramadol is helpful per 4/24/15 report. The Oswestry 2.0 disability index questionnaire administered on 5/23/14 showed patient scored a 70% crippled functional disability level, with significant back pain that impinges on all aspects of the patient's life per 4/24/15 report. The neck disability index showed the patient had a score of 54% (severe functional disability with difficulty in activities of daily living) when administered on 5/23/14 per 4/24/15 report. A urine drug screen on 1/2/15 showed consistent results per 4/24/15 report. However, the treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. Multiple functional assessments show that the patient continues to be a severe disability level with no discussion as to how Tramadol is making a difference. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

One (1) prescription of Clorazepate 7.5mg #60: Upheld

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

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

Decision rationale: Based on the 4/24/15 progress report provided by the treating physician, this patient presents with neck pain radiating to bilateral upper extremities, low back pain radiating to the bilateral lower extremities/feet with numbness/tingling/weakness, with pain rated 9/10 with medications and 10/10 without medications. The treater has asked for 1 prescription of CLORAZEPATE 7.5MG #60 on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p caudal epidural steroid injection left L5-S1 from 11/8/13 with 50-80% improvement for 2 months, with improved mobility and sleep per 2/12/15 report. The patient reports repeated falls over the past few months per 4/24/15 report. The patient reported 3 days of not being able to sleep per 3/27/15 report. The patient states that current medications including Tramadol is helpful, with improved sleep per 4/24/15 report. The patient feels his leg pain/ weakness is worsening as he falls and struggles to walk per 3/27/15 report. The patient feels the need for a cane per 4/24/15 report. The patient has not had prior surgical interventions to the neck or back per review of reports. The patient is currently not working as of 4/24/15 report. MTUS Chronic Pain Medical Treatment Guidelines on benzodiazepines, pg. 24 states that 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the treater does not provide rationale of the request or efficacy of this medication. Review of reports does not provide starting date of this medication but it was prescribed on 3/27/15 and 4/24/15 report. Patient was not taking. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS. It is not recommended for a long-term use (longer than 4 weeks). The request is for 60 tablets of Clorazepate, which does not indicate short-term use. Therefore, the request is not medically necessary.