

Case Number:	CM15-0104212		
Date Assigned:	06/08/2015	Date of Injury:	03/29/2006
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 female, who sustained industrial injuries on October 1, 1998, June 26, 2000, October 30, 2000, May 16, 2001 and February 14, 2005. She reported low back pain radiating to the bilateral lower extremities, left worse than right, foot and ankle pain. The injured worker was diagnosed as having lumbar radiculopathy, status post second metatarsal hemiarthroplasty, status post anterior cervical discectomy and fusion, herniated nucleus pulposus of the cervical spine, possible cervical radiculopathy, chronic pain syndrome, multilevel herniated nucleus pulposus of the lumbar spine with degenerative spondylolisthesis, rheumatological diagnosis and psychological diagnosis. Treatment to date has included radiographic imaging, diagnostic studies, Toradol injection, multiple surgical interventions, medications, conservative care and work restrictions. Currently, the injured worker complains of continued low back pain radiating to the bilateral lower extremities, left worse than right, foot and ankle pain. The injured worker reported multiple industrial injuries resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 3, 2014, revealed continued pain as noted. Evaluation on January 15, 2015, revealed continued pain as noted. A Toradol injection was administered. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg Qty unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Lorazepam, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24 of 127.

Decision rationale: Regarding the request for Ativan (lorazepam), 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 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. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Ativan (lorazepam) is not medically necessary.

Soma 350 mg Qty unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.

MS (morphine sulfate) Contin extended release 30 mg Qty unknown: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), 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 or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow for three a day. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.

Lidoderm 5% patch Qty unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested lidoderm is not medically necessary.