

Case Number:	CM15-0142853		
Date Assigned:	08/03/2015	Date of Injury:	03/18/2010
Decision Date:	09/01/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old female who sustained an industrial injury on 03-18-2010. Mechanism of injury occurred when she was lifting crates and unloading and off-loading crates from a refrigerator. Diagnoses include lumbosacral joint and ligament sprain and strain, lumbar radiculopathy and degenerative spondylolithesis, and a history of NSAID induced gastritis and poor coping with chronic pain. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, use of a Transcutaneous Electrical Nerve Stimulation unit, single point cane use, lumbar support, chiropractic sessions, and use of heat and ice. Her medications include Norco, Sertraline, Naproxen, Gabapentin, Omeprazole, Lunesta, Lorazepam, and Lidoderm patches 5%. There is an unofficial report of an Electromyography done on 10-14-2011 that showed left-sided lumbar radiculopathy involving the S1 nerve. She is not working. A physician progress note dated 07-09-2015 documents the injured worker has lumbar pain that she rates as 10 out of 10 without medications. She has spasms, stiffness and left lower extremity numbness and weakness. She stays at home due to fear of falling. She has complaints of depression and anxiety that are partially controlled with medication. She ambulates with a single point cane, and during the visit she shifted position frequently and got up and walked around the room. Treatment requested is for Lorazepam 1mg #30, and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation also reveals that the patient has been on long term opioids without significant functional improvement or significant pain relief therefore the request for continued Norco use is not medically necessary.

Lorazepam 1mg #30: 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 Page(s): 24.

Decision rationale: Lorazepam 1mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Lorazepam longer than the recommended 4 week period. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for Lorazepam is not medically necessary.