

Case Number:	CM15-0167424		
Date Assigned:	09/08/2015	Date of Injury:	04/10/1999
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 70 year old female, who sustained an industrial injury on 4-10-1999. Diagnoses have included lumbago and post-laminectomy syndrome. Treatment to date has included lumbar surgery, injections and medication. According to the progress report dated 7-21-2015, the injured worker complained of pain in the lower back with radiation to the left, posterior thigh. She reported painful popping and swelling over the right lumbar and buttock area. Exam of the lumbar spine revealed limited range of motion. There was tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with lumbar paraspinal spasms. There was positive lumbar facet loading maneuver bilaterally. Authorization was requested for Flurazepam and Hydrocodone-Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurazepam 30mg #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. There is no clear documentation and characterization of insomnia in this case. Therefore the prescription of Flurazepam 30mg #30 is not medically necessary.

Hydrocod/Ibu 7.5-200 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids 76-79 Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Hydrocodone. Hydrocodone was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. There is no documentation of compliance of the patient with her medications. Therefore, the prescription of Hydrocod/Ibu 7.5-200 #30 is not medically necessary.