

Case Number:	CM15-0184641		
Date Assigned:	09/25/2015	Date of Injury:	09/08/2010
Decision Date:	11/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female who sustained an industrial injury on 09/08/2010. The injured worker was diagnosed with lumbar radiculopathy, chronic pain syndrome, lumbar neural foraminal stenosis, myalgia, anxiety, depression and opiate dependency. The injured worker is status post decompression L4-5 microdiscectomy on 05-03-2011, spinal cord stimulator (SCS) implant on 08-22-2013, explants of failed spinal cord stimulator (SCS) paddle and pulse generator on 08-04-2015 and failed radiofrequency ablation. According to the treating physician's progress report on 09-08-2015, the injured worker continues to experience lower back pain radiating into the bilateral buttocks and lower extremities and intermittent burning pain in the bilateral feet rated at 7 out of 10 on the pain scale. Since the stimulator was removed, the injured worker reported discomfort in the right flank extending into the right posterior upper arm when reaching or stretching with her right arm. Evaluation noted an antalgic gait without assistive devices noted. Examination of the lumbar spine demonstrated decreased lumbar lordosis and tenderness to palpation over the paraspinous muscles bilaterally with decreased range of motion in all planes. Sensory examination L2 through S1 was equal to light touch at all levels except bilaterally at L5 dermatomes and the dorsum of the bilateral feet which were decreased. The surgical explants stimulator site was healed without signs of infection. Prior treatments included diagnostic testing, surgery, physical therapy, lumbar epidural steroid injections, selective nerve root blocks, radiofrequency ablation, spinal cord stimulator (SCS) implant and explant, psychiatric evaluation and treatment, Toradol intramuscularly and oral and topical medications. The injured worker was noted to be compliant with medications however no

urine drug screening tests were included in the review. Current medications were listed as Butrans patch 10mcg per hour, Norco 10mg-325mg, Diazepam 5mg, Clonazepam, Melatonin, Flexeril, Cymbalta DR, Amitriptyline, Temazepam, Effexor, Seroquel, Lamotrigine, Ropinirole, Lidoderm patch and Vitamins. Treatment plan consists of pending lumbar spine magnetic resonance imaging (MRI) with contrast, psychology referral, psychiatric referral for management of psychiatric medications, post-operatively physical therapy and the current request for Diazepam 5mg #90, Butrans patch 20mcg #4 and Norco 10-325mg #40. On 09-18-2015 the Utilization Review determined the request for Diazepam 5mg #90, Butrans patch 20mcg #4 and Norco 10-325mg #40 was not medically necessary. Tapering and discontinuance was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #90, as prescribed on 9/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation unreasonable according to utilization review, and the request was appropriately non-certified. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug. Therefore, the request for diazepam is not considered medically necessary at this time, and denial per utilization review decision is considered reasonable in order to facilitate weaning.

Butrans patch 20mcg #4, as prescribed on 9/8/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. In this case, it appears that the patient does not warrant continued treatment with opioids, and weaning has been appropriately facilitated by utilization review. While weaning occurs, it is not unreasonable to continue use of the Butrans patches, and therefore the request is considered medically appropriate at this time.

Norco 10/325mg #40, prescribed on 9/08/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.