

Case Number:	CM15-0185076		
Date Assigned:	09/25/2015	Date of Injury:	03/11/2009
Decision Date:	11/17/2015	UR Denial Date:	08/30/2015
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: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 69 year old male, who sustained an industrial injury on 3-11-2009. The injured worker is being treated for lumbar sprain, lumbar degenerative disc disease, and cervical sprain with herniated nucleus pulposus. Treatment to date has included medications and trigger point injections. Per the handwritten Primary Treating Physician's Progress Report dated 8-24-2015, the injured worker presented for follow-up. He stated that he needs neck injections. He stated, "I need injections right now." He reported that he can't turn his head to the left. He takes one half of an Ativan for sleep. He was administered an injection. Objective findings included good strength in bilateral upper extremities. Range of motion left and right is still very painful. On 6-26-2015, the IW reported neck and back pain rated 5 out of 10 with medications and 9 out of 10 without medications. Per the medical records dated 6-26-2015 to 8-24-2015 there is not documentation of significant improvement in symptoms, increase in activities of daily living attributed to medications. He has been prescribed Norco since at least 6-03-2015 and Ativan since at least 6-26-2015. The notes from the provider do not document efficacy of the prescribed medications Work status was not provided on this date. The plan of care included refills of Norco and Ativan and authorization was requested on 8-24-2015 for Ativan 1mg #20 and Norco 10-325mg #240. On 8-30-2015, Utilization Review modified the request for Ativan 1mg #20 and Norco 10-325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #20: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "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 exam note from 8/24/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition, there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore, the request for ativan is not medically necessary and is not certified.

Norco 10/325 mg #240: 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.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/24/15. Therefore, the request is not medically necessary and the determination is for non-certification.