

Case Number:	CM15-0190648		
Date Assigned:	10/05/2015	Date of Injury:	03/04/2000
Decision Date:	11/25/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 70-year-old female with a date of industrial injury 3-4-2000. The medical records indicated the injured worker (IW) was treated for chronic neck pain, cervical disc disease, status post cervical fusion, radicular symptoms in the arms; chronic back pain, lumbar disc disease, radicular symptoms of the legs; myofascial pain in the neck and back; and diffuse polyneuropathy. In the progress notes (6-25-15, 7-24-15), the IW reported neck pain accompanied by headaches, with radiation to both shoulders and the left upper arm. She felt some numbness and weakness in the arms. Her pain level was constantly 7 to 8 out of 10. Medications included Norco (since at least 4-2015) and Lorazepam (since at least 4-2015). There was no documentation of the efficacy of the medications or functional improvement gained from them. On examination (6-25-15, 7-24-15 notes), there was moderate guarding and restricted cervical spine range of motion. Pain radiated to the left shoulder and upper arm with left-sided rotation. Reflexes were hypoactive but symmetrical. Treatments included cervical fusion, physical therapy, home exercise, yoga and medications. A Request for Authorization was received for Norco 10-325mg, #90 and Lorazepam 0.5mg #60. The Utilization Review on 9-2-15 modified the request for Norco 10-325mg, #90 and Lorazepam 0.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90 one three times a day as needed for pain; submitted diagnosis chronic neck pain, cervical disc disease, radicular symptoms in both arms, s/p cervical fusion: 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, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. 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 7/24/15. Therefore, the request is not medically necessary.

Lorazepam 0.5mg quantity 60 one twice a day as needed for muscle spasm, submitted diagnosis chronic neck pain, cervical disc disease, radicular symptoms in both arms, s/p cervical fusion: 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 7/24/15 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 lorazepam is not medically necessary and is not medically necessary.