

Case Number:	CM15-0194860		
Date Assigned:	10/08/2015	Date of Injury:	01/22/2001
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 1-22-01. A review of the medical records indicates she is undergoing treatment for fibromyalgia and myositis, cervical disc disorder, and migraine. Medical records (3-15-15) indicate ongoing complaints of low back pain, which has radiated to her right leg. She rates her pain "3 out of 10" with use of medications and "8 out of 10" without medications. She reports her quality of sleep is "fair". She indicates "frustration" that "the majority" of her medications has been denied and states that she has been paying out-of-pocket for some medications. The physical exam (9-14-15) reveals a "slow, stooped" gait. The cervical exam reveals restricted range of motion with flexion at 40 degrees. It is noted that it is limited due to pain. Tenderness is noted of the spinous process on C5, C6, and C7, as well as the trapezius. The thoracic spine reveals "moderate scoliosis" and tenderness of the paravertebral muscles is noted on both sides. The lumbar spine range of motion is restricted with extension limited to 15 degrees by pain, right lateral bending limited to 15 degrees by pain, and left lateral bending limited to 15 degrees by pain. On palpation of the paravertebral muscles, "tight muscle band" is noted on both sides. There is also noted tenderness of the spinous process on L2, L3, L4, and L5. Lumbar facet loading is positive on both sides. The straight leg raise test is negative. Diagnostic studies have included x-rays of the cervical, thoracic, and lumbar spine, as well as MRIs of the cervical and lumbar spine. Treatment has included physical therapy, aqua therapy, trigger point injections, and medications. Her current (9-14-15) medications include Alprazolam 1mg, ½ tablet every evening as needed, Lorazepam 1mg daily as needed, Cymbalta 60mg daily, Lidoderm 5% patch, 2 patches every 12

hours as needed, Sumatriptan 100mg as needed for migraine abortion, Topiramate 50mg twice daily, Colace 100mg twice daily as needed, Dulcolax EC 5mg, 2 tablets daily as needed, Lyrica 150mg twice daily, and Norco 10-325 four times daily as needed. The injured worker has been receiving Norco, Alprazolam, and Lorazepam since, at least, 3-18-15. The utilization review (9-17-15) includes requests for authorization of Norco 10-325 #120 with 1 refill, Alprazolam 1mg #15 with 1 refill, and Lorazepam 1mg #30 with 1 refill. The requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documentation of significant subjective improvement in pain such as VAS scores with pain decreased from an 8/10 to a 3/10. There is no objective measure of improvement in function or activities due to medication. Work status is not mentioned. For these reasons all the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.

Alprazolam 1mg #15 with 1 refill: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: 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. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however

of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.

Lorazepam 1mg #30 with 1 refill: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: 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. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.