

Case Number:	CM15-0204374		
Date Assigned:	10/21/2015	Date of Injury:	12/15/2009
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 45 year old female, who sustained an industrial injury on 12-15-2009. The injured worker is being treated for sacroiliitis, cervicgia, lumbago, scoliosis and depressive disorder. Treatment to date has included medications, injections, chiropractic, and independent pool and gym therapy. Per the Primary Treating Physician's Progress Report dated 9-04-2015, the injured worker presented for recheck of neck and back. She reported the severity of her pain as 7 out of 10 with medications and 9 out of 10 without medications. She can walk, sit and stand 15 minutes with medications versus 10 minutes without. Objective findings included slightly limited cervical range of motion with definite tenderness to palpation of the cervical spine and ropey fibrotic banding of the right trapezius. Active range of motion of the back was limited with standing flexion and extension. She has been prescribed Restoril since at least 3-18-2015. She has been prescribed Vicoprofen since at least 6-10-2015. Work status was permanent and stationary. The plan of care included continuation of medications and physical therapy for the lumbar spine. Authorization was requested for Cymbalta 30mg #60, Vicoprofen 7.5-200mg #90, Restoril 30mg #30 and Amitriptyline 25mg #30. On 9-18-2015, Utilization Review non-certified the request for Vicoprofen 7.5-200mg #90 and Restoril 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5mg-200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioid hyperalgesia, Weaning of Medications.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed opioids for an extended period without objective documentation of continued pain relief or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Vicoprofen 7.5mg-200mg #90 is not medically necessary.

Restoril 30mg #30: 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, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Restoril 30mg #30 is not medically necessary.