

Case Number:	CM15-0081072		
Date Assigned:	05/01/2015	Date of Injury:	09/12/2013
Decision Date:	07/03/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 27 year old male, who sustained an industrial injury on 9/12/13. The injured worker was diagnosed as having low back pain and right L5-S1 disc herniation with right lower extremity radiculopathy. Treatment to date has included oral medications including opioids, weight loss and home exercise program. Currently, the injured worker complains of pain in low back on right side. Physical exam performed revealed ongoing tenderness to lumbar paraspinal muscles. The treatment plan included prescriptions for Percocet, Tramadol, Senokot, Robaxin, Restoril and Pepcid. A progress report dated March 20, 2015 states that the patient's liver enzymes were slightly elevated, and that he had surgery one week prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 Qty 240 no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: Regarding the request for Percocet, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. While long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, it should be noted that the request was made approximately one week after spine surgery. A short course of opioids is appropriate in the management of postoperative pain. In light of the above, the currently requested Percocet is medically necessary.

Tramadol 50mg Qty 180 no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: Regarding the request for tramadol, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. While long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, it should be noted that the request was made approximately one week after spine surgery. A short course of opioids is appropriate in the management of postoperative pain. In light of the above, the currently requested tramadol is medically necessary.

Robaxin 500mg Qty 180 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 63-66 of 127.

Decision rationale: Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested methocarbamol (Robaxin) is not medically necessary.

Restoril 50mg Qty 30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 24 of 127. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment, Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for temazepam (Restoril), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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. 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." Within the documentation available for review, there is no description of the patient's sleep complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication. In light of the above issues, the currently requested temazepam (Restoril) is not medically necessary.

Pepcid 20mg Qty 60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 68-69 of 127.

Decision rationale: Regarding the request for famotidine (Pepcid), California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use or another indication for this medication. In light of the above issues, the currently requested famotidine (Pepcid) is not medically necessary.