

Case Number:	CM15-0082800		
Date Assigned:	05/05/2015	Date of Injury:	11/07/2000
Decision Date:	07/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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

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 then said 57 year old male sustained an industrial injury on 11/07/2000. According to the most recent progress report submitted for review and dated 01/07/2015, the injured worker continued to experience ongoing pain to the low back that radiated down both lower extremities. He utilized a single point cane for assistance with ambulation. He reported that his pain could go as high as 7-8 on a scale of 1-10 but with medications was reduced down to 3-4. Medications helped him to perform his basic minimal activities such as bathing showering, self-care, occasional dishwashing and running errands. He described no side effects other than some gastrointestinal upset, which was relieved with Zantac. Diagnoses included degenerative disc disease of the lumbosacral spine with chronic low back pain. The injured worker was retired with no change in his work status. Treatment plan included Norco, Restoril, Zantac and Valium. Urine toxicology screenings were not submitted for review. There was no mention of a signed pain contract. There was no mention of muscle spasms or difficulty with sleeping in the most recent progress report submitted for review. Currently under review is the request for Norco, Restoril, Zantac and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The most recent report provided is dated 01/07/15 and states that the patient presents with ongoing pain to the low back that radiates down the bilateral lower extremities. The current request is for Norco 10/325 mg #120 Hydrocodone, an opioid. The 04/20/15 utilization review modified this request from #120 to #100. The RFA is not included. The patient is retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show that Norco was a continuing medication as of 11/03/14. The requesting physician states that the patient's medications, which include Norco, Restoril, Zantac and Valium decrease the patient pain from 7-8/10 to 3-4/10. The 11/03/14 and 01/07/15 reports state that without the use of these medication the patient would essentially be bed ridden. With medications he is able to bathe, shower and do slight home activities such as dishwashing and cleaning as well as sit in the car and run errands with his family. The patient describes some GI upset with use of the medication, which is controlled by Zantac. There is no evidence of adverse behavior. In this case, there is sufficient documentation of the 4A's as required by the MTUS guidelines. The request is medically necessary.

Restoril 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The most recent report provided is dated 01/07/15 and states that the patient presents with ongoing pain to the low back that radiates down the bilateral both lower extremities. The current request is for Restoril 15mg #60 Temazepam, a Benzodiazepine. The RFA is not included. The patient is retired. MTUS, Benzodiazepines, page 24 states, "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." The treating physician states that Restoril is prescribed for sleeplessness. In this case, the MTUS guidelines do not recommend long term use and the patient has been prescribed this

medication on a long-term basis since before 11/03/14. There is no discussion provided of use outside guidelines. The request is not medically necessary.

Zantac 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 72. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The most recent report provided is dated 01/07/15 and states that the patient presents with ongoing pain to the low back that radiates down the bilateral both lower extremities. The current request is for Zantac 75mg #60 Ranitidine, an H2 antagonist. The RFA is not included. The patient is retired. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The treating physician states that GI upset secondary to medication use is relieved through the use of Zantac. Other medications are listed as: Norco, Restoril and Valium. There is no evidence the patient is prescribed an NSAID. In this case, no GI assessment is provided as required. The request is not medically necessary.

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The most recent report provided is dated 01/07/15 and states that the patient presents with ongoing pain to the low back that radiates down the bilateral both lower extremities. The current request is for Valium 10 MG #90, a Benzodiazepine. The 04/20/15 utilization review modified this request from #90 to #75. The RFA is not included. The patient is retired. MTUS, Benzodiazepines, page 24 states, "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." The treating physician states this medication is prescribed for muscle relaxation and spasm and that the patient's medication regimen decreases the patient pain from 7-8/10 to 3-4/10. However, the guidelines do not recommend long-term use and most

limit use of Benzodiazepines to 4 weeks. The reports provided for review show the patient has been prescribed Valium since before 11/03/14. Lacking recommendation by guidelines, the request IS NOT medically necessary.