

Case Number:	CM15-0086743		
Date Assigned:	05/11/2015	Date of Injury:	05/25/2006
Decision Date:	06/16/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/05/2015

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: California, 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 was a 61 year old female, who sustained an industrial injury, May 25, 2006. The injured worker previously received the following treatments cervical spine CT scan, epidural injections, cervical spine surgery C4-C7 discectomy, cervical spine x-ray, cervical spine MRI, Norco Ativan, Adderall, Multivitamin and random toxicology laboratory studies found not prescribed Hydroxybupropion, Norco and Ativan. The injured worker was diagnosed with spinal stenosis with neurogenic claudication, acquired spondylolisthesis, cervical spondylosis with myelopathy and brachial neuritis and mild carpal tunnel syndrome, status post gastric bypass with gastrointestinal malabsorption and over active bladder with urgency, urinary incontinence, stress incontinence and nocturia. According to progress note of December 15 2014, the injured workers chief complaint was numbness in the left first dorsal web space of the hand with occasional issues and occasional problems with swallowing pills. The physical exam noted absent reflexes of the biceps, triceps and brachioradialis tendons. The treatment plan included prescription for Norco and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

Decision rationale: Short-acting opioids such as Norco are indicated for intermittent or break-through pain or short term exacerbations of pain. They are not indicated for long-term use in most cases. For long-term use, guidelines suggest ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case the submitted documentation does not demonstrate the patient's use, progress and response to medication according to MTUS guidelines. Thus this request is deemed not medically necessary.

Ativan 0.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

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

Decision rationale: CA MTUS Guidelines state that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit the use to 4 weeks. In this case, the patient has been using Ativan for far longer than 4 weeks and satisfactory response to treatment has not been demonstrated. There is no justification for chronic use of benzodiazepines. Based on the information submitted, this request is deemed not medically necessary or appropriate.