MAXIMUS Federal Services

Case Number:	CM14-0110553		
Date Assigned:	08/01/2014	Date of Injury:	10/01/2012
Decision Date:	10/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 35-year-old female patient who reported an industrial injury to the neck and right shoulder on 10/1/2012, two years ago, attributed to the performance of her usual and customary job tasks. The patient complains of neck and right shoulder pain. A cervical spine MRI documented evidence of spondylosis visible at multiple levels; worse at C5-C6; disc herniation right side at C5-C6; some foraminal narrowing at left side at C6-C7. An Electrodiagnostic study demonstrated evidence for a mild right CTS affecting the sensory component. The MRI of the right shoulder documented no significant AC arthropathy; no evidence of SLAP lesion; no significant cartilage degradation; mild supraspinatus tendinitis but no rotator cuff tear. The patient was noted to be status post ACDF on 9/24/2013, by [redacted]. The patient continued to complain of postoperative bilateral neck pain with radiation the right shoulder. Patient was taking medications as prescribed. Patient reported migraine headaches; the objective findings on examination included cervical tenderness to palpation over the right; tenderness of the cervical paraspinal muscles overlying the right C2-C3, C3-C4, C6-C7, C7-T1; painful decreased right shoulder range of motion; sensation is intact all limbs. The treatment plan included medial branch blocks to right C2-C3 and right C3-C4; morphine sulfate ER 15 mg #30; Norco 10/325 mg #30 with two refills; and Lorazepam 0.5 mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30 with 2 refills quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Paages 76 and 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #30 with refill x2 is not demonstrated to be medically necessary.

Lorazepam 0.5 mg #30 with 2 refill quantity 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chaper--medications for chronic pain; benzodiazepines

Decision rationale: The prescription of Ativan/lorazepam 0.5 mg #30 with refill x2 for the treatment of insomnia and anxiety is inconsistent with the recommendations of the CA MTUS, ACOEM Guidelines, and the Official Disability Guidelines. The use of Ativan is associated with abuse, dependence, significant side effects related to the psychotropic properties of the medication and is not recommended by the CA MTUS. The prescription of Ativan for sleep or anxiety is not recommended due to the potential for abuse and the long half-life of the medication. Alternative medications are readily available for insomnia. The treatment of insomnia is not documented by the provider. No over the counter or other remedies were prescribed prior to prescribing a benzodiazepine. There is no documented alternative treatment with diet and exercise or evaluation of sleep hygiene. Therefore the request is not medically necessary.