

<b>Case Number:</b>	CM14-0138399		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of December 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; shoulder surgery; and opioid therapy. In a Utilization Review Report dated July 31, 2014, the claims administrator denied a lumbar support, approved a follow-up visit, denied a pain management program, partially certified Lorazepam, partially certified morphine, approved Pepcid, approved Colace, and approved Imitrex. The applicant's attorney subsequently appealed. In a handwritten note dated July 23, 2014, difficult to follow, not entirely legible, the applicant reported heightened complaints of pain, tinnitus, migraine headaches, neck pain, shoulder pain, and back pain. The applicant stated that he had to visit the emergency department owing to a recent flare in pain. The applicant also reported loss of libido, it was further noted. A slow gait was exhibited. The applicant was asked to continue Desyrel, Colace, Imitrex, Ativan, Morphine, and Percocet while remaining off of work, on total temporary disability. The applicant was described as "totally incapacitated." The applicant was also asked to obtain a lumbar support and follow up with a pain management specialist to obtain detoxification for medications. In a June 20, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant was given refills of Trazodone, Ativan, Pepcid, Colace, Percocet, and Morphine. The applicant was again placed off of work, on total temporary disability. The applicant was asked to consult a pain management physician for detoxification consideration purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar spine support brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of December 1, 2010. Provision and/or ongoing usage of a lumbar support are no longer indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.

**One pain management program consultation for P-stim and detox: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007 page 56

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has a variety of chronic pain complaints which have proven recalcitrant to time, medications, physical therapy, opioid therapy, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as the pain management consultant, would be beneficial in formulating other appropriate treatment options, including possible detoxification. Accordingly, the request is medically necessary.

**Prescription of Lorazepam 1mg, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Lorazepam may be indicated for "brief periods," in cases of

overwhelming symptoms, in this case, however, the attending provider and/or applicant appear intent on using Lorazepam (Ativan) for chronic, long-term, and scheduled use purposes. The applicant has been using Ativan for depression and sleep purposes for what appears to be a span of several months, at a minimum. This is not an ACOEM-endorsed role for Lorazepam. Therefore, the request is not medically necessary.

**Prescription of Morphine Sulfate 15mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Opioids criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. The applicant is on total temporary disability. The attending provider's handwritten progress notes suggest that the applicant's pain complaints were heightened from visit to visit as opposed to improved from visit to visit, despite ongoing usage of morphine. There was no mention of any material improvements in function achieved as a result of ongoing morphine usage. All of the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.