

Case Number:	CM14-0138867		
Date Assigned:	09/10/2014	Date of Injury:	10/26/1999
Decision Date:	10/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 injured worker is a 36-year-old male who was injured on 10/26/1999. The mechanism of injury is unknown. The patient was seen on 03/20/2014 and reported that his pain was not as intense as it has been. He reported twitching and muscle spasms off his Flexeril. He reported Soma has worked well in the past. On exam, there were significant findings documented. The patient is diagnosed with low back pain, neck pain and chronic pain. He was recommended to continue with OxyContin 40 mg, #90, Norco 10/325 mg #120, and Xanax 0.25 mg #2. There were no toxicology reports available for review and there is no documented evidence of functional improvement or efficacy of these medications. Prior utilization review dated 08/14/2014 states the request for Oxycontin 40mg #90 is modified to certify Oxycontin 40 mg #45; Norco 10/325mg #120 is denied ; Cyclobenzaprine 10mg unknown quantity is denied ; Alprazolam 0.25mg #60 is modified to certify Alprazolam 0.25 mg #30; and Diazepam 5mg #180 is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Opioids are recommended as the standard care for treatment of moderate to severe pain for a short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation showing any sustainable improvement in pain or function and has exceeded the guideline recommendation for the use of Oxycontin. The request for Oxycontin 40mg #90 is not medically necessary and appropriate.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Opioids are recommended as the standard care for treatment of moderate to severe pain for a short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation showing any sustainable improvement in pain or function and long-term use of Norco is not recommended by the guidelines. Therefore, the request for Norco 10/325mg #120 is not medically necessary and appropriate.

Cyclobenzaprine10mg unknown quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for the use of Cyclobenzaprine for a short-term course of therapy. Mixed-evidence does not allow for a recommendation for chronic use and is not recommended to be used for longer than 2-3 weeks. In this case, there is no objective evidence of significant improvement in pain or function and long term use is not supported by the guidelines therefore, the request for Cyclobenzaprine10mg unknown quantity is not medically necessary and appropriate.

Alprazolam 0.25mg #60: Upheld

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

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guideline, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions and guidelines recommend a limited use of 4 weeks. In this case, the ongoing use of Alprazolam would not be considered medically appropriate and would exceed the guideline recommendation to continue the use of this medication. Therefore, the request for Alprazolam 0.25mg #60 is not medically necessary and appropriate.

Diazepam 5mg #180: Upheld

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

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guideline, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions and guidelines recommend a limited use of 4 weeks. In this case, the supporting documentation indicated the use of Diazepam well over 4 weeks which is not supported by guideline recommendation. Therefore, the request for Diazepam 5mg #180 is not medically necessary and appropriate.