

Case Number:	CM14-0139043		
Date Assigned:	09/05/2014	Date of Injury:	03/02/2010
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old male who sustained an injury on 03/02/10 while lifting a heavy object. The injured worker injured his low back. Prior treatment has included a right inguinal hernia repair as well as an orchiopexy in July of 2013. The injured worker has also undergone a prior L4-5 and L5-S1 microdiscectomy in September of 2011 followed by anterior cervical discectomy and fusion in March of 2013. The injured worker has also been followed for anxiety and panic disorder secondary to chronic pain. Other treatment had included physical therapy, use of TENS unit, and other neurostimulation therapy. The injured worker also reported complaints of migraine headaches. As of 08/11/14, the injured worker continued to complain of left-sided temporal migraine-type headaches with ongoing low back pain and with associated numbness in the left lower extremity and sometimes in the right lower extremity. The injured worker reported some relief with headaches to include Esgic as well as Zynex. The injured worker's physical exam noted moderate spasms in the lumbar spine region with healed surgical incisions. Paresthesia was present in the left foot. Continued medications included Norco, Lunesta, Valium, and Soma. There were recommendations for MRI studies of the brain as well as referral with a headache specialist. Recent urine drug screen reports did note inconsistent findings with negative results for Soma and Hydrocodone and positive findings for THC. The requested medications as well as MRI studies of the brain and consult with a headache specialist were all denied by utilization review on 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Opioids Page(s): 116. Decision based on Non-MTUS Citation The Official Disability 2014 Guidelines, Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Norco 7.5/325mg quantity 100, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation did note recent inconsistent urine drug screen results for this medication. As there is insufficient evidence to support the ongoing use of Norco, as well as the potential issues with non-compliance, this reviewer would not have recommended this request as medically necessary.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Morin, 2007 Guidelines: Eszopicolone (Lunesta) and the Official Disability Guidelines; Insomnia Treatment, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment

Decision rationale: In review of the clinical documentation submitted, there was insufficient evidence regarding ongoing insomnia or sleep condition that would support the use of this medication. Per guidelines, Lunesta can be utilized as an option in the treatment of sleep disorders such as insomnia however they are not recommended for long term use. The clinical documentation submitted for review did not identify any significant improvement with the use of this medication that would support its ongoing use. Therefore, this reviewer would not have recommended this request as medically necessary.

Valium 3mg #30: 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: In regards to the use of Valium 3mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not recommend continuing use of this medication.

Soma 350mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, and Weaning of Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Soma 350mg quantity 100, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.

MRI of the Brain: 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) Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, MRI

Decision rationale: In review of the clinical documentation submitted, this reviewer would not have recommended this requested MRI study of the brain as medically necessary. Per guidelines,

MRI studies of the brain can be considered an option for evidence of neurocognitive deficit or neurocognitive decline. The clinical documentation submitted for review did not identify any particular findings on MRI studies which would support the development of neurocognitive conditions to support MRI studies of the brain. Therefore, this request was not reasonably medically necessary.

Consult with headache specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Medical Treatment and Consultation Guidelines page 127.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: In regards to the request for a headache specialist, this reviewer would have recommended this request as medically necessary. The injured worker does report persistent and severe migraine headaches which are now impacting his overall recovery. Given the delay of recovery due to the injured worker's reported migraine symptoms a referral to headache specialist would be appropriate in order to establish a firm diagnosis which would help delineate the injured worker's treatment. Therefore, this reviewer would have recommended this request as medically necessary.