

Case Number:	CM14-0147615		
Date Assigned:	09/15/2014	Date of Injury:	03/02/1998
Decision Date:	10/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/11/2014

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:

This is a 68-year-old female with a 3/2/98 date of injury. The mechanism of injury is stated to be due to repetitive activities. According to a progress report dated 7/24/14, the patient complained of bilateral low back pain, as well as neck pain. Her headaches were getting worse. Objective findings: spasms of trapezius, serratus posterior superior, right intraspinal; SI swelling/pain. Diagnostic impression: chronic neck and low back pain, headaches. Treatment to date: medication management, activity modification, ESI. A UR decision dated 8/20/14 denied the requests for Vicoprofen and Restoril. Regarding Vicoprofen, guidelines clearly indicate that this is used on a short-term basis up to 10 days. Additionally, guidelines also note that 200mg of Ibuprofen is a sub-therapeutic dose for an adult. Regarding Restoril, there is no indication that this patient has insomnia or anxiety to warrant the use of Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #70: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1998 date of injury, almost 2 decades ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, there is no documentation of urine drug screens or CURES reporting. Therefore, the request for Vicoprofen 7.5/200mg #70 is not medically necessary.

Restoril 15mf #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. It is unclear how long the patient has been taking Restoril, and guidelines do not support long-term use. The patient does not have a diagnosis of anxiety or insomnia, and it is unclear what indication the provider is prescribing this medication for. In addition, the patient is also taking an opioid medication, Vicoprofen. Guidelines do not support the concurrent use of benzodiazepines and opioids due to the risk of adverse effects, such as sedation. Therefore, the request for Restoril 15mg #30 is not medically necessary.