

Case Number:	CM14-0148000		
Date Assigned:	09/18/2014	Date of Injury:	08/11/1999
Decision Date:	10/16/2014	UR Denial Date:	08/29/2014
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:

According to the provided documents, this is a 52-year-old woman who was injured on 8/11/99. She was injured moving sludge out of a pond with shovels and wheelbarrows. She started with left shoulder pain and backaches. She developed neck pain. The disputed treatment in the 8/29/14 utilization review determination letter is Lorazepam 0.5 mg #75 with one refill; Norco 10/3.5 mg #90 with 1 refill; Oxycodone 15 mg #100 with 1 refill; Soma 350 mg #90 with one refill; urine drug screen. There was an orthopedic medical legal evaluation done on 12/6/02 with report date of 1/9/03 the listed current medications were Lorazepam, Baclofen, Morphine, Vioxx, Lipitor, Levoxyl and Duragesic patch. That report recommended weaning the patient off of narcotic analgesics. A 2/6/03 medical legal report by a different orthopedist listed current medications as Duragesic patch 75 every 72 hours, Actiq 200, 4 times a day, Oxybutynin CL 5 mg 3 times a day, Darvocet N100 up to 6 per day, Vioxx 25 mg a day, Ativan 1 mg every 12 hours, and baclofen 10 mg 3 times a day. The report documents a significant amount of conservative treatment with physical therapy, pain management procedures, and multiple diagnostic tests. She has seen multiple specialists such as a neurologist, psychiatrists, psychologists, and orthopedics. There have been numerous medical legal examinations. There is a 1/21/13 AME, physical medicine and rehabilitation that include pain complaints of 6/10 which range are from 5-9.5. On good days she can walk what is perhaps two blocks, she can sit for 30 minutes, she can stand for about 30 minutes and she sleeps about 4-5 hours. Medications at that point were Duragesic 12.5 every 48 hours, Norco 10/325 in addition to OxyContin 15 mg 3 times a day and Lorazepam 0.5 mg approximate 75 per month. The current requesting report from 8/14/14, pain management indicates an increase in pain since last visit. Sleep is fair. Activity level is increased but there is no mention of what the activities are. There is no mention of where the pain is. Exam shows a slow wide-based gait, restricted range of motion in the neck,

tenderness and tight bands. In the low back there is restricted range of motion; patient cannot walk on heels or on toes. There are trigger points. No neurologic deficits are noted. Diagnoses are spinal/lumbar DDD, joint pain-ankle, cervical radiculopathy, sacroiliac pain, chronic back pain and cervical spondylosis. Treatment plan says the regimen allows the patient to participate in ADLs. No specifics are given. There is mention of observation for the 4 A's, mention of a pain contract and that the patient submits to periodic random urine drug screens. Results were described as "consistent". The patient was not working. The report cites MTUS and in multiple places states that MTUS says that maintenance strategy includes, "do not lower the dose if it is working". There is a report from 4/24/14 with a urine drug screen which was all negative and the patient said she had not taken any oxycodone for 3 days due to the warmer weather and she had last taken Norco two days previously. There was no mention of the last dose of Lorazepam, a benzodiazepine, which was also negative. There was no mention of how many tablets of any of the medications the patient still might have had on hand. On 3/27/14 she was given oxycodone #150, Norco #120 and Lorazepam #75. On 4/24/14, despite the negative urine drug screen she was given Norco #90, oxycodone #120 and Lorazepam #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #75 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014. Pain Chapter

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

Decision rationale: Lorazepam is a benzodiazepine. MTUS guidelines do not support chronic use of benzodiazepines; it is noted that tolerance to hypnotic effects develops rapidly and that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. This patient has been taking Lorazepam chronically, greater than 90 days and this reviewer notes that it appears this patient has been prescribed some form of benzodiazepine for over a decade. Despite this there has not been any reduction in medical treatment nor progress towards returning to gainful employment or any other. Therefore the request is not medically necessary.

Norco 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9,74,78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-75,78-79.

Decision rationale: Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. It comes in a variety of doses. Hydrocodone is a short acting opioid analgesic. Use of this medication has been long-term, for a number of years. Ongoing management of opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. The reports make no mention of the actual daily frequency of use of the medication. The reports document that there is monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no mention in the reports from the current provider what the specific activities of daily living for this patient are. Although the reports assert that the patient has been compliant with her medications, there is a report of the negative urine drug screen in April 2014 which given the types of medications this patient is taking should not be possible if she was taking the medications as prescribed and using up all of the amounts given each month. Despite years of opiate use including the Norco use, there has been no progress towards returning to gainful employment, no reduction in medical care or dependence on medical treatment. MTUS guidelines also state that opiates should be discontinued when there is no overall improvement in function which is also not documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary.

Oxycocone 15mg #100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

Decision rationale: This is another short acting opioid. Use of this medication has been chronic as with the Norco. Continued use of this opiate is not supported for the same rationale discussed above for the Norco. Therefore the request is not medically necessary.

Soma 350mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: The Medical Review Officers' Manual, 4th edition, page 247

Decision rationale: This is also known as Carisoprodol. It is a sedating muscle relaxant. The medical records indicate use of this has been chronic and long-term far greater than 90 days. MTUS guidelines do not recommend use of this muscle relaxant and state that is not indicated for long-term use. It is also noted that it is abused in order to augment the effects of other drugs.

There has been no documented functional benefit from the chronic use. Thus, based upon the evidence and the guidelines, the request is not medically necessary.

Urine drug screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43,78-79,85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77-80,89. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria>

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screens have been used for any of the above indications. In fact, patient had a urine drug screen that was entirely negative in April 2014 and there is no logical explanation for a completely negative urine drug test given the 2-4 day urine detection time (Norco and Oxycodone) that the patient was using at the time and the quantities she was being given. Despite the negative urine drug screen the patient was still given another large monthly supply of controlled substances sufficient for use of multiple doses per day. Therefore, based upon the evidence and the guidelines continued urine drug testing is not medically necessary.