

Case Number:	CM14-0165658		
Date Assigned:	10/10/2014	Date of Injury:	12/17/2001
Decision Date:	11/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 Management 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 records made available for review, this is a 54-year-old female with a 12/17/01 date of injury. At the time (9/26/14) of request for authorization for Robaxin 500mg #60, Lunesta 3mg #30, Alprazolam 0.25mg #20, and Oxycodone HCL 15mg #120, there is documentation of subjective (pain in the bilateral in the bilateral arms, legs, neck, shoulders, buttocks, hips, and hands) and objective (normal physical examination) findings, current diagnoses (low back pain, lumbar radiculopathy, lumbar disc degeneration, chronic pain syndrome, depression/anxiety, sleep disorder, and occipital neuralgia), and treatment to date (physical therapy and medications (including ongoing treatment with Robaxin, Lunesta, Oxycodone HCL, and Alprazolam since at least 2/18/14)). Medical reports identify a decrease in pain level as a result of medication use and an ongoing pain assessment. Regarding Robaxin 500mg #60, there is no documentation of acute exacerbation of chronic low back pain, Robaxin used as a second line option for short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Robaxin use to date. Regarding Lunesta 3mg #30, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of Lunesta use to date. Regarding Alprazolam 0.25mg #20, there is no documentation of short term (less than two weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Alprazolam use to date. Regarding Oxycodone HCL 15mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects; and functional

benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycodone HCL use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar radiculopathy, lumbar disc degeneration, chronic pain syndrome, depression/anxiety, sleep disorder, and occipital neuralgia. However, despite documentation of chronic pain, and given documentation of a 12/17/01 date of injury, there is no (clear) documentation of acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Robaxin since at least 2/18/14, there is no documentation of short term (less than two weeks) treatment. Furthermore, there is no documentation of Robaxin used as a second line option. Lastly, given documentation of ongoing treatment with Robaxin and despite documentation of a decrease in pain level as a result of medication use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Robaxin use to date. Therefore, based on guidelines and a review of the evidence, the request for Robaxin 500mg #60 is not 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 Official Disability Guidelines, Pain, Insomnia Treatment

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

Chapter, Insomina treatment Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS does not address this issue. The ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, the ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar radiculopathy, lumbar disc degeneration, chronic pain syndrome, depression/anxiety, sleep disorder, and occipital neuralgia. However, given documentation of ongoing treatment with Lunesta and despite documentation of a decrease in pain level as a result of medication use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request Lunesta 3mg #30 is not medically necessary.

Alprazolam 0.25mg #20: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar radiculopathy, lumbar disc degeneration, chronic pain syndrome, depression/anxiety, sleep disorder and occipital neuralgia. However, given documentation of ongoing treatment with Alprazolam and records reflecting prescriptions for Alprazolam since at least 2/18/14, there is no documentation of intention to treat over a short course (up to 4 weeks). In addition, documentation of a decrease in pain level as a result of medication use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Alprazolam use to date. Therefore, based on guidelines and a review of the evidence, the request Alprazolam 0.25mg #20 is not medically necessary.

Oxycodone HCL 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar radiculopathy, lumbar disc degeneration, chronic pain syndrome, depression/ anxiety, sleep disorder, and occipital neuralgia. In addition, given documentation of an ongoing pain assessment, there is documentation of ongoing review and documentation of pain relief. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Oxycodone HCL and despite documentation of a decrease in pain level as a result of medication use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycodone HCL use to date. Therefore, based on guidelines and a review of the evidence, the request Oxycodone HCL 15mg #120 is not medically necessary.