

Case Number:	CM14-0180620		
Date Assigned:	11/05/2014	Date of Injury:	03/12/2001
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 57-year old male with an injury date on 03/12/2001. Based on the 03/14/2014 progress report provided by [REDACTED] the diagnoses are: 1. Status post arthroscopic surgery left shoulder with rotator cuff syndrome 2. Lumbar spine syndrome 3. Chronic pain syndrome According to this report, the patient complains of pain in the lumbar spine that radiates to the lower extremities bilaterally with numbness and tingling. Pain is aggravated with activities such as bending, lifting, stooping, reaching, pushing or pulling. Physical exam reveals tenderness to palpation at the left shoulder and over the lumbar paravertebral musculature, bilaterally. Left shoulder and lumbar range of motion is restricted. Straight leg raise produce pain in the lumbar spine bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 10/10/2014. [REDACTED] is the requesting provider and he provided treatment reports from 09/23/2013 to 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydro/APAP 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 Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89; 76-7.

Decision rationale: For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show Norco was first mentioned in the 09/23/13 report; it is unknown exactly when the patient initially started taking this medication. A recent urine drug screen on 02/07/2014 was provided. The physician mentions, "The patient indicates that the medication he is taking help to reduce the pain. In this case report shows a general statement regarding ADL's and a recent UDS was obtained. Other than these, the documentation lack pain assessment using a numerical scale describing the patient's pain. No discussion regarding side effects, other opiates management issues such as CURES, behavioral issues. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Other than the statement that medications "help to reduce the pain," there are no meaningful measures showing "significant" improvement as required by MTUS. Change in work status, or return to work attributed to use of Norco were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, Hydro/APAP 10/325mg, #120 is not medically necessary..

Diazepam 10mg, #60: Upheld

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

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

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with pain in the lumbar spine that radiates to the lower extremities bilaterally with numbness and tingling. The physician is requesting Diazepam 10mg, #60. MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Diazepam since 09/23/2013 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The physician does not mention that this is for a short-term use. MTUS does not support long-term use of this medication and Therefore, Diazepam 10mg, #60 is not medically necessary.

Alprazolam ER 1mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

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

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with pain in the lumbar spine that radiates to the lower extremities bilaterally with numbness and tingling. The physician is requesting Alprazolam ER 1mg, #60. MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this type of medication. Review of reports show no mentions of Alprazolam ER and it is unknown exactly when the patient initially started taking this medication. In this case, review of records show no discussion regarding short-term use and the medication appears to be prescribed for longer than 30 days. Therefore, Alprazolam ER 1mg, #60 is not medically necessary.