

Case Number:	CM14-0183917		
Date Assigned:	11/12/2014	Date of Injury:	06/28/1996
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/04/2014

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 and is licensed to practice in Arizona and 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 injured worker is a 59-year-old male who reported an injury on 06/28/1996. The mechanism of injury was not submitted for review. The injured worker treatment history included medication management, physical therapy, pain management, home exercise program, and activity modification. The injured worker was evaluated on 09/23/2014 and it was documented the injured worker complained of bilateral neck pain, upper back pain, middle back pain, bilateral low back pain, left upper extremity pain, right upper extremity pain, left knee pain and right knee pain. With medication the injured worker rates his pain at 3/10 on the pain scale and without medication at 6/10 on the pain scale. The injured worker was taking his medication as prescribed. He states the medications are effective. No medication abuse suspected. No complaints of constipation, sedation or cognitive impairments. Physical examination of the cervical spine revealed range of motion was restricted with flexion, extension, right lateral bending, left lateral bending, and lateral rotation to the left and lateral rotation to the right. On examination of the paravertebral muscles, spasm and tenderness noted on both sides. Lumbar spine revealed asymmetry or abnormal curvature noted on inspection of the lumbar spine. Range of motion was restricted with flexion, right lateral bending, left lateral bending, and lateral rotation to the left and lateral rotation to the right. On examination of the paravertebral muscles, tenderness was noted on both sides. Straight leg raise test was positive on both sides sitting at 60 degrees. Medications included Imitrex 25 mg, Xanax 1 mg, MS Contin 100 mg, Norco 10/325 mg, sumatriptan succinate 25 mg. Diagnoses included failed neck syndrome, lumbar degenerative changes at L3-S1, lumbar radiculopathy, S/P cervical fusion x3, patient fused from C3 to C7, chronic cervicgia bilateral upper extremity radiculitis, bilateral shoulder myofascial pain syndrome. Request for Authorization dated 09/23/2014 is for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg tablet, 1 po q 6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 78, 80, 86.

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

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Injured worker had been taking the requested medication for a significant amount of time exceeding the guideline recommendation of 4 weeks. It was noted the injured worker states that with this medication, his pain level goes from 6/10 to 3/10 however, he continues to have significant complaints of pain and physical examination did not provide any indication of any significant functional improvement with the use of his medication regimen. As such, the request for Xanax 1mg tablet, 1 po q 6 hours #120 is not medically necessary.

MS Contin 100mg tablet, 1 po q 8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. Per the guidelines, it is stated with the use of opiates for ongoing pain management should be documented for pain relief, increased functional status, appropriate medication use, and side effects to the medications. It is noted the injured worker had a decreased level of pain with the use of his current medication regimen, there is no documentation of any significant increase in his functional capabilities or improved quality of life with the use of his medication. Exam findings were still quite significant for deficits with range of motion and function despite the use of his current medication regimen. Moreover, the requested medication's daily morphine

equivalent dosage exceeds the guideline recommendation of 120 daily morphine equivalent dosage. This is between 360 to 420 daily morphine equivalent dosages. As such, the request for MS Contin 100mg tablet, 1 po q 8 hours #90 is not medically necessary.

Norco 10-325mg tablet, 1-2 po q 4 hours prn #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 is not medically necessary. The California MTUS Guidelines recommend the lowest possible dose of opioids should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is a lack of documentation of a complete pain assessment, to include how long it for pain relief after taking the medication, and how long the pain relief lasted. Furthermore, the guidelines indicate failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The injured worker is noted to have been prescribed Norco since at least the 06/25/2014 examination, with a lack of documentation indicative of the injured worker being reassessed for alternative treatments. As such, the request for Norco 10-325mg tablet, 1-2 po q 4 hours prn #180 is not medically necessary.