

Case Number:	CM14-0093907		
Date Assigned:	07/25/2014	Date of Injury:	07/22/2005
Decision Date:	09/22/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 57-year-old male with a reported injury on 07/22/2005. The mechanism of injury was not provided. The injured worker's diagnoses included hypertension, gout, dyslipidemia, PTSD, chronic foot pain, insomnia and osteoarthritis. The injured worker had an examination on 06/05/2014 where it is revealed that the injured worker could perform all of these activities of daily living and walked daily. Upon his musculoskeletal examination he did not have pain or weakness. He denied any headaches, loss of vision, movement problems, balance problems or tremors. The injured worker walked with a cane. There was a lack of functional deficits upon physical examination. The injured worker's medications included Benicar, Pravastatin, Lovaza, Elavil, Colcrys, Lorazepam, and Norco. It is unknown of the original start date of the medications but the duration of the medications have been long term. The recommended plan of treatment is for the injured worker to have a renewal of his Norco, and the Lorazepam and for COMM assessment for opiate misuse. The Request for Authorization was signed and dated for 06/05/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 4 hours #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request for the Norco 10/325 mg every 4 hours of 180 pills is not medically necessary. The California MTUS Guidelines recommend for the ongoing of monitoring of opioids to have documentation to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The California Guidelines also recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Taking opioids for chronic back pain is limited for short time pain relief, long term efficacy is unclear beyond 16 weeks. There is a lack of documentation of a pain evaluation and efficacy of the medications. There was not a VAS pain scale provided. There was no complaint of side effects. There was a lack of evidence of physical and psychosocial functioning deficits and/or improvements. There was a urine drug screen test that was performed on 04/11/2014 and it did not show any nonadherent drug related behaviors. The results were consistent with his prescriptions. There was a lack of documentation of the necessity of this medication for beyond 3 months. During the examination there was no noted pain. There is a lack of evidence to support the amount of 180 pills without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the Norco 10/325 mg every 4 hours #180 is not medically necessary.

Lorazepam 0.5mg daily #30: Upheld

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

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

Decision rationale: The request for Lorazepam 0.5 mg daily #30 is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use, because long term efficacy is unproven and there is a risk of dependence. Also, the guidelines recommend to limit the use to 4 weeks, and it is unknown as to the longevity of the use of this medication, and there is a lack of evidence of anxiety and efficacy of this medication. There is a lack of evidence to support the medication without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for the Lorazepam 0.5 mg daily #30 is not medically necessary.

retrospective COMM (current opioid misuse measure) assessment (6/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 85-88.

Decision rationale: The request for the retrospective COMM (Current Opioid Misuse Measure) is not medically necessary. The California MTUS Guidelines do recommend screening to differentiate between dependence and addiction with opioids. The Prescription Drug Use Questionnaire is a tool that has not been validated. Prescription opiate abuse in chronic pain patients would have overwhelming focus on opiate use, a pattern of early refills, and multiple phone calls made to the office for opiates, and that there is evidence of supplemental sources of opiates. There is no report that the injured worker has had overwhelming focus of the opioids, and the urine drug screen test is consistent with his medications. There has not been noted any multiple phone calls and early refills of his medication. There is a lack of evidence to support the medical necessity of the current opioid misuse measures without further evaluation and assessment. Therefore, the request for the retrospective COMM (current opioid misuse measure) is not medically necessary.