

Case Number:	CM14-0098166		
Date Assigned:	09/16/2014	Date of Injury:	03/15/1996
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family 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:

This 55 year old patient had a date of injury on 3/15/1996. The mechanism of injury was unknown. In a progress noted dated 4/30/2014, subjective findings included pain at 10/10 without medication and 5/10 with medications. Pain is characterized as sharp, dull, throbbing, burning, aching, electricity and pins and needles. On a physical exam dated 4/30/2014, objective findings included taking Lorazepam, Norco, and baclofen tablets. She has chills and fever, and soft small lump that is tender at Left anterior Wrist. The diagnostic impression shows chronic cervicgia, radiculopathic pain, arthralgia/neuropathic pain with recurrent exacerbation and soft myofascial strain. Treatment to date: medication therapy and behavioral modification. A UR decision dated 6/10/2014 denied the request for Ativan 2mg #120 x1 was denied, stating guidelines do not support use in this case. Baclofen 10mg #60 x1 was denied, stating no documentation of acute exacerbation or myospasticity. Norco 10/325 #180 x1 was denied, stating that 1 prescription would be appropriate without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2 mg #120 with 1 refill: 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 rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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, and in the 4/30/2014 progress report, it was noted that this medication was a refill. Furthermore, there was no evidence that this patient suffered from anxiety, insomnia, or muscle spasms. Therefore, the request for Ativan 2mg #120 with 1 refill is not medically necessary.

Baclofen 10 mg #60 with 1 refill: 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 Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the 4/30/2014 progress report, it was noted that this medication was a refill. Furthermore, there was no evidence that this patient suffered from an acute exacerbation of pain or muscle spasms. Therefore, the request for Baclofen 10 mg #60 with 1 refill is not medically necessary and appropriate.

Norco 10/325 mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 4/30/2014 progress report, it was noted that the pain was reduced from 10/10 to 5/10 with medications. However, there was no clear rationale provided regarding an extra refill when there is a follow-up appointment in 1 month. Therefore, the request for Norco 10/325 mg #180 with 1 refill is not medically necessary and appropriate.