

Case Number:	CM15-0008537		
Date Assigned:	01/26/2015	Date of Injury:	03/18/2010
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 3/18/10. She has reported lower back pain. The diagnoses have included lumbar radiculopathy, lumbosacral joint strain and sleep disturbance. Treatment to date has included psychiatric visits, chiropractic sessions, physical therapy and oral medications. On 9/25/14, the injured worker was reporting that she was becoming fearful and anxious and having difficulty sleeping. As of the PR2 on 11/20/14, the injured worker reported 10/10 low back pain and 50% pain relief from Norco. The treating physician is requesting to continue Norco 10/325mg #90 and Lorazepam 1mg #30. On 12/29/14 Utilization Review non-certified a request for Norco 10/325mg #90 and Lorazepam 1mg #30. The UR physician cited the ODG formulary and MTUS chronic pain medical treatment guidelines. On 1/13/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #90 and Lorazepam 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects and any aberrant drug taking behavior. Opioids may generally be continued if there are improvements in pain and functionality and/or the injured worker has regained employment. Pain inquiries should include questions about least pain, average pain, worst pain, duration of analgesia from medication, and time to onset of analgesia. Formal functionality assessments should be documented every 6 months at least to include ability to lift, push, pull, etc and activities of daily living with and without medication. In this instance, the submitted documentation fails to reveal evidence of functional assessments. There seems to be no monitoring for aberrant drug taking behavior (urine drug screens/ pharmacy database inquiries). While the medication is said to provide 50% improvement in pain, the injured worker reports 10/10 pain at every clinic visit dating back to 3-26-2014. Consequently, the requirements for continued opioid use are not documented. Hence, Norco 10/325mg #90 is not medically necessary. The treating provider should consult available weaning guidelines.

Lorazepam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

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

Decision rationale: Benzodiazepines such as Lorazepam 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. 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. In this instance, the use of Lorazepam dates back at least 10-11 months, without a listed diagnosis of anxiety or obvious input from psychiatry. Because long-term use of benzodiazepines is not recommended because of the risk of dependence and unproven efficacy, Lorazepam 1mg #30 is not medically necessary. Provisions for weaning have been approved by utilization review previously.