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| Case Number: | CM15-0013625 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 03/31/1998 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on March 31, 1998. The diagnoses have included chronic low back pain with bilateral leg pain/radiculopathy, lumbar degenerative disc disease at multiple levels, spondylosis at L5-S1, lumbar spondylosis, myofascial pain/spasm, chronic neck pain, arm pain, cervical disc disease, depression, poor sleep hygiene and analgesic tolerance and pseudo tolerance. Treatment to date has included Magnetic resonance imaging of lumbar spine on March 21, 2014, pain medication oral and patches. Currently, the injured worker complains of chronic low back pain with bilateral leg radiculopathy, right leg greater than left. In a progress note dated January 13, 2015, the treating provider reports ongoing left leg pain positive SLR on left noted, he is weak on left and has difficulty with ambulating, there is still some paresthesia of both upper extremities, he walks with a cane and has limited range of motion in lumbar spine..On January 21, 2015 Utilization Review non-certified a Lorzone 750mg quantity 60, and Dilaudid 4mg quantity 90, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 01/13/2015 report, this patient presents with "chronic low back pain with bilateral leg radiculopathy, right leg greater than left." The current request is for Lorzone 750mg #60. The request for authorization is on 01/14/2015. The patient's work status is "P&S." For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Lorzone #60 and this medication was first noted in the 08/26/2014 report. Lorzone is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Dilaudid 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management Page(s): 93, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 01/13/2015 report, this patient presents with "chronic low back pain with bilateral leg radiculopathy, right leg greater than left." The current request is for Dilaudid 4mg #90. This medication was first mentioned in the 08/26/2014 report; it is unknown exactly when the patient initially started taking this medication. 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 4A's; 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. Per 01/13/2015 and 11/18/2014 reports, the treating physician indicates the patient's average pain since last visit, Mood since last visit, and Functional level since last visit was a 9/10. The treating physician indicates today, the patient had a chance discuss the treatment agreement again and Informed Consent is established for medical management and 4As – A - analgesia, A - adverse effect/side effect, A - activity level, A - abuse/addiction are discussed and documented. However, the documentation of the "medical management and 4As" was not found in the provided reports. In this case, the reports show documentation of pain assessment but no before and after analgesia is provided. The treating physician does not discuss the patient's ADL's and no documentation as to how this medication is

significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures 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. Recent UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request IS NOT medically necessary.