

Case Number:	CM15-0017234		
Date Assigned:	02/03/2015	Date of Injury:	02/10/2001
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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: New Jersey

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 62 year old male who sustained an industrial injury on February 10, 2001. He has reported lumbar spine pain and has been diagnosed with status post lumbar laminectomy, lumbar radiculopathy, lumbar discopathy, lumbar sprain/strain, intractable low back pain, and sacral joint arthropathy. Treatment has included physical therapy, steroid injections, chiropractic care, medications, rest, and a home exercise program. Currently the injured worker complains of lumbar spine pain with diffuse tenderness and guarding in the lumbar paraspinal muscles with moderate spasm. The treatment plan included a urine toxicology screening. On January 13, 2015 Utilization Review non certified flexeril 10 mg # 60 and modified ativan 0.5 mg # 60 and norco 5/325 # 180 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. It was not clearly indicated in the case of this worker how long he was taking Ativan prior to this request for renewal, however it appeared to be chronic in nature and since this medication class is not recommended for chronic use, it will be considered medically unnecessary. Weaning may be necessary. Also evidence from the notes suggested that his pain levels near the time of this request were much improved and the provider did not want to renew the medications.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. It was not clearly indicated in the case of this worker how long he was taking Flexeril prior to this request for renewal, however it appeared to be chronic in nature, which is not recommended for this medication class. Also evidence from the notes suggested that his pain levels near the time of this request were much improved and the provider did not want to renew the medications. Therefore, Flexeril will be considered medically unnecessary.

Norco 5/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side

effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence that this full review was completed at the time of this request. There was insufficient description found in the notes for measurable functional gains from the Norco use. Also, evidence from the notes suggested that his pain levels near the time of this request were much improved and the provider did not want to renew the medications. Therefore, the Norco will be considered medically unnecessary to continue at this time. Weaning may be necessary.