MAXIMUS Federal Services

Case Number:	CM15-0142673		
Date Assigned:	08/03/2015	Date of Injury:	09/27/2004
Decision Date:	11/17/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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: Pennsylvania
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:

This is a 44 year old male who sustained an industrial injury on 9-27-2004. A review of the medical records indicates that the injured worker is undergoing treatment for failed back syndrome status post lumbar fusion, reflex sympathetic syndrome and depressive symptomatology. Medical records (2-19-2015 to 6-4-2015) indicate ongoing low back pain rated 6 out of 10 with medications and 9 to 10 out of 10 without medications. He reported difficulty sleeping due to pain. He reported that medications allowed him to walk and get out of bed. The physical exam (6-4-2015) revealed moderate to severe lumbar spasm. Straight leg raise was positive on the right. There was positive lumbar facet tenderness. Treatment has included surgery, a home exercise program and medications (Restoril and Ativan since at least 1-22-2015). Per the progress report dated 2-19-2015, the injured worker was taking Percocet as he was unable to get Oxycontin (ER); the plan was to discontinue Restoril and add Rozerem. The injured worker was prescribed Restoril as of 4-9-2015. The treating physician indicates that the urine drug testing results (12-3-2014 to 4-9-2015) were consistent with his medication usage. The request for authorization dated 7-9-2015 included Restoril, Ativan and Percocet. The original Utilization Review (UR) (7-16-2015) denied requests for Restoril, Percocet and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/insomnia treatment.

Decision rationale: According to the ODG, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation in the record of evaluation of this worker's insomnia such as possible contributing factors including caffeine, timing of medications, etc. Furthermore, benzodiazepines are not first line agents for insomnia given their side effect profile. There is no indication in the record that this worker has received a first line agent which includes the non-benzodiazepine sedative-hypnotics. The requested treatment is not medically necessary.

Ativan 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the medical record, this worker is receiving ativan for anxiety and is receiving it long term. According to the MTUS, "for anxiety, benzodiazepines 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. Long-term use may actually increase anxiety. 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." The requested treatment is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported

pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker has not returned to work. It is stated that he is able to do light housekeeping with medications but there is no comparison to his functional abilities without medication. More detail of functional benefit is required to justify ongoing use of opioids. The record does state a change in his pain with medications but lacks the specificity as described above for the assessment of pain. The requested treatment is not medically necessary.