MAXIMUS Federal Services

Case Number:	CM15-0176139		
Date Assigned:	09/17/2015	Date of Injury:	12/07/2005
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 65 year old female, who sustained an industrial injury on 12-7-2005. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease, cervical degenerative disc disease and multiple joint pains. A recent progress report dated 7-20-2015, reported the injured worker complained of pain in the low back, neck, shoulder, knee and lower extremity, rated 8 out of 10. She reported the medications were not sufficient to control her pain. Physical examination revealed cervical and lumbar tenderness. Treatment to date has included physical therapy and medication management. Current medications include Norco, Soma, Neurontin, Ambien and Ativan and the injured worker has been taking these since at least 1-15-2015. On 8-6-2015, the Request for Authorization requested Norco 10-325mg #150 and Ativan 1mg #60. On 8-13-2015, the Utilization Review noncertified the request for Norco 10-325mg #150 and Ativan 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: 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: Norco 10/325mg #150 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no objective urine toxicology screen for review. The documentation reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for continued Norco is not medically necessary.

Ativan 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, benzodiazepines.

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

Decision rationale: Ativan 1 mg #60 is not medically necessary per the MTUS Guidelines. The guidelines state that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Ativan already and the documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and using this medication beyond the MTUS recommended 4 week time period. The request for Ativan is not medically necessary.