MAXIMUS Federal Services

Case Number:	CM15-0063107		
Date Assigned:	04/08/2015	Date of Injury:	05/12/2010
Decision Date:	06/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/02/2015

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 55 year old male, who sustained an industrial injury on 05/12/2010. The injured worker was diagnosed with lumbago, lumbar sprain/strain, and depression. Treatment to date has included oral and topical pain medication, acupuncture, cognitive behavioral therapy, epidural injections, and chiropractic treatment. In a progress note dated 02/27/2015, the injured worker complained of continued back pain. Objective findings were noted to show no changes. Treatment recommendations at that time included discontinuation of Klonopin and tizanidine, and initiation of lorazepam and baclofen. The injured worker was also issued a refill of Lexapro. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorezepam - Ativan 1 mg Qty 30 QHS (Benzodiazepines): 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 Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. In this case, it is unclear as to why the injured worker was switched from Klonopin to Ativan. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of a benzodiazepine has not been established. The guidelines do not support long-term use of this medication. Given the above, the request is not medically necessary.

Baclofen - Lioresal 10mg Qty 30 QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available).

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. In this case, there was no evidence of palpable muscle spasm or spasticity upon examination. The medical necessity for the ongoing use of a muscle relaxant has not been established in this case. The guidelines do not support long-term use of muscle relaxants. Given the above, the request is not medically necessary.

Lexapro (Escitalopram) 20mg Qty 30 one daily (antidepressant): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The injured worker does maintain a diagnosis of major depressive disorder. However, there was no documentation of functional improvement as a result of the ongoing use of this medication. There was no recent psychological examination provided. Given the above, the request is not medically necessary.

Norco (Hydrocodone/Acetaminophen) 10/325mg Qty 60 one tablet Q8 hours PRN (Opioid Analgesic): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. Recent urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There was no documentation of a written consent or agreement for chronic use of an opioid. There was also no mention of significant functional improvement as a result of the ongoing use of this medication. Given the above, this request is not medically necessary.