

Case Number:	CM15-0063677		
Date Assigned:	04/09/2015	Date of Injury:	03/15/2002
Decision Date:	05/14/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/03/2015

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 64 year old male, who sustained an industrial injury on March 15, 2002. The injured worker was diagnosed as having lumbar region postlaminectomy syndrome, lumbar spinal stenosis without neurogenic claudication, thoracic/lumbosacral radiculitis, displacement of the lumbar disc without myelopathy, depressive disorder, chronic pain syndrome, dysthymic disorder, anxiety, and degenerative lumbar/lumbosacral intervertebral disc. Treatment to date has included lumbar surgery, spinal cord stimulator implant and explant, epidurals, TENS, lumbar spine MRI, and medication. Currently, the injured worker complains of pain in the low back with radiculopathy to the right leg, and pain radiating to the right buttock, groin, and anterior and lateral leg/foot, with depression and anxiety. The Treating Physician's report dated March 19, 2015, noted the musculoskeletal examination showed the lumbar spine with tenderness over the bilateral lumbar paraspinous muscles, bilateral sacroiliac joints, bilateral lumbar facets, and vertebral tenderness at the midline lumbar region, and limited range of motion (ROM). Straight leg raise was noted to be positive on the right. The injured worker reported the current medications provided the ability to perform household chores, exercise more frequently, and stand for longer than two minutes at a time. The treatment plan was noted to include continuation of the current pain medication regimen with the prescriptions and requests for authorization of Percocet, Alprazolam, and Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg, #60: Upheld

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

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

Decision rationale: The patient was injured on 03/15/2002 and presents with pain in his lower back with radiculopathy to the right leg. The request is for Alprazolam 1 mg #60. The RFA is dated 03/20/2015, and the patient's work status is not provided. MTUS page 24 on benzodiazepines states, "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". The patient has a positive straight leg raise in the right, is tender over the bilateral lumbar paraspinal muscles, tender over the bilateral sacroiliac joints, has vertebral tenderness at the midline lumbar region, and is tender over the bilateral lumbar facets. The patient has been taking alprazolam as early as 08/12/2014. Only short-term use of this medication is recommended. In this case, the patient has already exceeded the 4-week limit provided by MTUS Guidelines. Therefore, the requested alprazolam is not medically necessary.

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 03/15/2002 and presents with pain in his lower back with radiculopathy to the right leg. The request is for Percocet 10/325 mg #150. The RFA is dated 03/20/2015, and the patient's work status is not provided. The patient has been taking Percocet as early as 08/12/2014. For chronic opiate use in general, MTUS Guidelines pages 88 and 89 state, "The patient 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 adverse 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. On 08/12/2014 and 10/20/14, the patient rated his pain as an 8/10. On 01/19/2015, he rated his pain as a 6-7/10. In this case, the treater does not provide a before-and-after medication usage to document analgesia and does not provide a discussion regarding adverse behavior/side effects. There are no specific examples of ADLs, which demonstrate medication efficacy. General statements are inadequate documentation to show significant functional improvement. No validated instruments are used either. There are no pain management issues to discuss such as urine drug screen, CURES report, pain contract, etc. No outcome measures are provided

either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Percocet is not medically necessary.