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| Case Number: | CM13-0055816 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/21/2001 |
| Decision Date: | 06/17/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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. The expert reviewer is Board Certified in Neurosurgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old female injured on 01/21/01 when she fell backwards while retrieving a loaded rack of wine glasses. The patient sustained injuries to the neck, back, and spine. The patient has undergone conservative therapy to include injections, physical therapy, acupuncture, TENS unit, and opioid medication management. As of 10/15/13, current diagnoses include degenerative lumbar spondylosis, degenerative cervical spondylosis, chronic neck/low back pain, myofascial pain syndrome, pain disorder with psychological overlay. Current medications include Norco 10/325mg, Oxycodone 30mg, Lorazepam 1mg, Flexeril 10mg, and Ibuprofen. The documentation indicates the patient continues with pain that interferes with her level of physical activity. Physical exam reveals decreased range of motion of the lumbar spine and decreased range of motion of the cervical spine. It indicates the current medication regimen is the most effective analgesic to date. It does note that the patient tried and failed Oxycodone and may need seldom. The patient also was utilizing a TENS unit per the documentation as early as June of 2013 with good results. There was no additional documentation provided. The treating provider has requested Oxycodone 30mg #100, TENS unit, and Lorazepam 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30 MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. The clinical notes indicated that the patient tried and failed Oxycodone and would need it seldomly. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Oxycodone 30 Mg #100 cannot be established at this time.

TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 112.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. The clinical documentation indicates that the patient had been utilizing TEN unit therapy as early as June of 2013 with positive results. It is unclear why the patient would require an additional unit. There was no supporting documentation submitted to substantiate the request for TENS unit. As such, the request for TENS (Transcutaneous Electrical Nerve Stimulation) Unit cannot be recommended as medically necessary.

LORAZEPAM 1MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4 week treatment window. As such, the request for Lorazepam 1mg #60 cannot be recommended at this time