MAXIMUS Federal Services

Case Number:	CM14-0141107		
Date Assigned:	09/15/2014	Date of Injury:	06/04/1986
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 49 year-old male was reportedly injured on June 4, 1986. The mechanism of injury was noted as heavy lifting. The most recent progress note, dated August 15, 2014, indicated that there were ongoing complaints of neck and back pains, and the patient is status post anterior cervical discectomy and fusion on August 6, 2014. The physical examination demonstrated a clean and dry incision at the cervical spine. Motor examination of the upper extremities was grossly intact, with 5/5 strength. Diagnostic imaging studies included a computerized tomography scan of the cervical spine, a magnetic resonance imaging (MRI) scan of the cervical spine, and an MRI of the lumbar spine, all from June 3, 2014, which objectified degenerative and postsurgical changes from a posterior spinal fusion at C6-C7 and C7-T1 levels, as well as moderate spinal canal stenosis with severe right neural foraminal narrowing and mild left neural foraminal narrowing at the C3-C4 level, with a 2 mm retrolisthesis of C3 on C4, and a 4 mm posterior disc osteophyte with impingement on the exiting right C4 nerve root. MRI of the lumbar spine revealed degenerative changes, multilevel disc protrusion with abutting of the L2 nerve root at the L2-L3 level and at the exiting left L5 nerve root in the left neural foramen. Previous treatment included two cervical spine surgeries, prolotherapy, acupuncture, chiropractic therapy, massage, physical therapy, injections, and medications. A request had been made for a prescription of Kadian 20 mg, and a prescription Percocet 10/325 mg, # 40, Flexeril 10 mg, and clonazepam, and was not certified in the pre-authorization process on August 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 78, 93 of 127.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

PERCOCET 10/325MG #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127..

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. While it is noted that abrupt cessation of these medications is not advisable, the requested medication is not considered medically.

FLEXERIL 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury (1986) and clinical presentation, the

guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

CLONAZEPAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not support benzodiazepines, such as clonazepam, for long-term use because long-term efficacy is unproven and there is a significant risk of psychological and physical dependence and/or addiction. Most guidelines limit its use to 4 weeks. While it is noted that abrupt cessation of this medication is not advisable, the request is not considered medically necessary.