

Case Number:	CM14-0156910		
Date Assigned:	09/26/2014	Date of Injury:	12/14/2008
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old male with a 12/14/08 date of injury, when he bent over too far and felt popping in his back. The patient underwent lumbar fusion in 2002 and revision in 2008. The patient was seen on 8/12/14 with complaints of low back and left leg pain. The patient reported sleeping difficulties due to pain. The notes stated that the patient was on MS Contin 100mg ER 1 tab BID, Oxycodone 30 mg #360 1-2 tab every 4-6 hours and Flurazepam 30 mg cap #30 1 cap at the bedtime and that the medication provided some relief. Exam findings revealed tenderness of the lumbar spine and limited range of motion in the lumbar spine with flexion, extension and rotation. The motor strength was 3/5 in the bilateral lower extremities. The diagnosis is failed back surgery syndrome, chronic pain syndrome and myofascial pain. Treatment to date: spinal cord stimulator, work restrictions, medications, acupuncture and home exercise program. An adverse determination was received on 9/3/14. The request for Flurazepam HCL 30mg #30 with 1 refill was denied given that the patient was using the medication for a long time, which was not supported by the Guidelines. The request for MS Contin 100mg #60 was denied given that the patient was prescribed MS Contin and Oxycodone 30 mg #360 per moth which combined total of 740 MED, which far exceeded the guidelines recommendations and placed the patient at considerable risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurazepam HCL 30mg #30 with 1 refill: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The progress notes indicated that the patient was on benzodiazepines at least from 1/28/14. However, there is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, the Guidelines do not support long-term treatment with benzodiazepines. Therefore, the request for Flurazepam HCL 30mg #30 with 1 refill was not medically necessary.

Ms Contin 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was on MS Contin at least from 1/28/14. However, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the patient's MED was noted to be 740 which highly exceeded the recommended MED of 120 and put the patient at risk for an adverse drug reactions such as respiratory depression or death. Therefore, the request for MS Contin 100mg #60 was not medically necessary.