MAXIMUS Federal Services

Case Number:	CM13-0059771		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2013
Decision Date:	08/10/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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. 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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 53-year-old male patient who sustained an industrial injury on 07/01/2013. The accident was described as while working as a helicopter pilot he developed gradual onset of pain involving his spine over the years secondary to the violent jostling of his body repetitively. He was evaluated, treated and giving a course of physical therapy without improvement. A magnetic resonance imaging study done on 06/26/2013 revealed the patient with degeneration at L4-5 and anterolisthesis greater on the right. There was moderate facet arthropathy bilaterally with a foraminal protrusion and annular tearing about the right posterolateral disc margin. There was severe right foraminal narrowing without significant central stenosis and encroachment of the exiting right L4 nerve root. A primary treating office visit dated 11/06/2013 reported subjective complaint of having intermittent pain in the neck that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. There is frequent pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting or standing and walking long distances. This pain does radiate to the lower extremities. The patient is currently taking Vicodin for the pain. Objective findings showed the cervical spine with paravertebral spasm and a positive axial loading compression testing. There is extension of symptomatology into the upper extremities. There is some overlap consistent with possible double crush syndrome and carpal tunnel. The lumbar spine showed pain tenderness right across the iliac crest with standing flexion and extension are guarded and restricted. By 02/05/2014 subjective complaint were of persistent pain in the neck that radiates to the upper extremity on the left side accompanied by numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for quazepam (Doral), Chronic Pain Medical Treatment Guidelines state the 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. 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". Within the documentation available for review, there is no description of the patient's sleep complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication. In light of the above issues, the currently requested quazepam is not medically necessary.

Tramadol ER 150 mg #90: 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): (s) 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for Tramadol ER, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Tramadol ER is not medically necessary.