

Case Number:	CM13-0014537		
Date Assigned:	06/06/2014	Date of Injury:	02/07/2006
Decision Date:	07/29/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	08/21/2013

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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 55 year old female injured worker with date of injury 2/7/06 with related low back pain. Per 8/29/13 progress report, back pain was rated as 9/10. Objective findings noted thoracic spine, lumbar spine, and sacroiliac joint tenderness bilaterally. Per 7/19/13 progress report, she noted bilateral lower extremity numbness, tingling and pain to the hands. MRI of the lumbar spine dated 7/8/13 revealed degenerative disc disease, facet arthropathy and retrolisthesis at L3-L4, grade I anterolisthesis at L4-L5, postoperative change at L4-L5 and L5-S1. Canal stenosis includes L3-L4; mild canal stenosis neural foraminal narrowing includes L2-L3 and L3-L4 mild left neural foraminal narrowing. The injured worker was refractory to surgery and medication management. She has been treated with physical therapy. The date of UR decision was 6/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 91.

Decision rationale: Per California MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." A review of the available medical records reveal no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The California MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per the submitted documentation, serial progress reports spanning 7/2013 to 8/2013 note continuous VAS pain scale score 9/10 despite treatment with this medication. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As California MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Prescription of Valium 10mg #45 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: Per California MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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. Per review of the submitted documentation, the injured worker was using this medication during 7/13/13 progress report, and she still experienced pain rated as 9/10. Documentation dated 7/2013 and 8/2013 indicate that the injured worker was only able to sleep 3-4 hours per night despite the use of this medication. The records do not contain any documentation of anxiety. As the treatment is not recommended for long term use, and was not efficacious, the request is not medically necessary.