

Case Number:	CM13-0024823		
Date Assigned:	11/20/2013	Date of Injury:	11/07/2001
Decision Date:	01/23/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

Patient is a 51 YO, male with date of injury of 11/07/2001. Patient has diagnoses of cervical disc disease C4-5, C5-6 and C6-7, rotator cuff tendinitis bilateral shoulders, bilateral shoulders adhesive capsulitis and headaches. Patient is status post anterior cervical disc fusion with internal fixation at C7 (07/15/2003), C4-5, C5-6 fusion (07/24/2007) and lumbar laminectomy (10/15/2010). According to the report dated 07/22/2013 by [REDACTED], the patient continues to complain of constant pain in left shoulder and neck, accompanied by tingling, numbness and weakness of both upper extremities. Patient also reports continued pain in lower back and a drop foot on right side. For documentation of medication efficacy, the treater states the patient has had "some relief with pain medications and therapy." The report dated 04/17/2013 states, the patient continues with Norco, Valium, Naprosyn and Prilosec as the treatment plan. When reading progress reports from a year ago 8/12/12, the patient's condition has not changed with bouts of increased back pain and an ER visit from 7/10/12. The treater continues to recommend Norco and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #181 with 3 refills: 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): 88-89.

Decision rationale: Patient has an extensive list of chronic symptoms that date back to the injury of 11/07/2001. Patient has diagnoses of cervical disc disease C4-5, C5-6 and C6-7, rotator cuff tendinitis bilateral shoulders, bilateral shoulders adhesive capsulitis and headaches. Treater documents in reports, dated 07/22/2013, 04/17/2013, 08/21/2012 and 04/11/2012, that patient has "lessening of discomfort with medication". Current medications included Norco, Valium, Prilosec and Naprosyn. In each of these reports treater recommends continued treatment plan including Norco, but there is no discussion of its effects on pain reduction, other than "lessening of discomfort," or discussion of any specific functional changes with the medication. MTUS guidelines have specific recommendations for long-term users of Opioids (6 months or more). Pain should be assessed at each visit, and functioning should be measured at least once every 6 months using a numerical scale or validated instrument. In this case, the treater does not provide any numerical scale and there are no validated instrument measurements of this patient's pain or function. The general statement of "lessening of discomfort" is inadequate per MTUS requirements. MTUS also requires pain and functional improvements to be compared to baseline to measure efficacy of opioids. Under outcome measurements, MTUS requires documentation of current pain; average pain; least pain; duration of relief with medication; time it takes for medication to take effect, etc. In this patient, none of these measurements are provided. Recommendation is for denial.

Valium 10mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation ODG on Benzodiazepines for chronic pain

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

Decision rationale: This patient suffers from chronic pain syndrome since 11/7/01 injury. Diagnoses are multiple C-spine surgery, post-laminectomy syndrome L-spine, bilateral shoulder pains with adhesive capsulitis and chronic headaches. The treater has prescribed Valium on a long-term basis. However, MTUS does not recommend long-term use of Benzodiazepines due to unproven efficacy and risk of dependence. Maximum use of 4 weeks is recommended. Recommendation is for denial.