

Case Number:	CM13-0035474		
Date Assigned:	12/13/2013	Date of Injury:	08/24/2006
Decision Date:	02/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 & Rehabilitation and is licensed to practice in Illinois and Texas. 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:

The patient is a 54-year-old female with a reported injury of 08/24/2006. According to the documentation dated 11/19/2013, the patient has been suffering from back pain described as very sharp without medication. She further listed her pain as a 6/10 on the VAS scale while taking medications and a 10/10 without using medications. The patient states that her medication enables her to cook, clean, get out of bed, and walk around for 10 to 15 minutes at a time before needing to rest. She further states that without medication, standing up is painful and she gets a feeling of numbness in the legs as though they are going to give out. Under the physical examination, it noted the lumbar area has paraspinal pain with taut muscle bands as well as decreased range of motion and definitive weakness with the extensor hallucis longus tendon and gastrocnemius bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under California MTUS it states that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now unclear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In the case of this patient, she has been utilizing Norco since at least 04/2013. As noted in the documentation, the patient has had ongoing chronic back pain at a level of 8/10 to 9/10 on the VAS scale. Although the patient states that she is able to function more efficiently with the use of her medication, without having objective measurements pertaining to the efficacy from the use of Norco, the continuation of using the medication cannot be established at this time. Furthermore, the physician has failed to indicate how many tablets he wishes to be dispensed to the patient. As such, the requested is noncertified.

Valium 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Under California MTUS it states that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The 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, and 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, with tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In the case of this patient, she has been utilizing Valium since at least 04/2013. There are no objective measurements pertaining to the efficacy from use of the medication. The patient has had ongoing chronic pain at a rate of 8/10 to 9/10 with no sufficient indication that the medication has been of use to reduce the patient's pain, or increase her functional improvement. Furthermore, the physician has failed to indicate how many tablets he wishes to have dispensed to the patient. Therefore, the requested service for Valium 10 mg cannot be warranted at this time. As such, the requested service is noncertified.