MAXIMUS Federal Services

Case Number:	CM13-0040563		
Date Assigned:	12/20/2013	Date of Injury:	02/22/2010
Decision Date:	04/03/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Practice, 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 who sustained an injury on 2/22/10, resulting in back pain and left leg pain. She had been treated for trochanteric bursitis and received steroid injections. She received epidural blocks for back pain and had L3-L4 discectomy with disc fusion on 6/29/12. Since at least October 2012, her treatment had included therapy and medications including Norco, Flexeril and Soma. She had used various benzodiazepines including Valium and Halcion at night. A physician note on 9/11/13 indicated that the claimant continued to have back and knee pain. She was limited with her daily activities and her pain was a 10/10. Objective findings included tenderness over the lumbar spine and root tension in the lower extremity. The claimant was continued on oxycodone, Soma, and Halcion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR HYDROCODONE/APAP 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as a first-line therapy for neuropathic pain, or for chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant has been on Norco for a year with no significant improvement in pain. The continued use of Norco is not medically necessary. The request is noncertified.

PRESCRIPTION OF TRIAZOLAM 0.25MG, #60: 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 Page(s): 24.

Decision rationale: Triazolam is a benzodiazepine. According to the MTUS guidelines, 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 four 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the claimant has been on Triazolam for over a year. There was no substantiation in the documentation for drug response, the treatment plan, its outcome, etc. The continued use of Triazolam is not medically necessary. The request is noncertified.