

Case Number:	CM13-0062008		
Date Assigned:	12/30/2013	Date of Injury:	06/05/2007
Decision Date:	05/21/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/29/2013

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 Occupational 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:

This patient is a 58 year old female with date of injury 06/05/2007. The medical record requesting the medications, a primary treating physician's progress report, dated 10/30/2013, lists subjective complaints at the time as chronic pain in the cervical spine, chronic pain in the lumbar spine and chronic pain in the left shoulder and wrist. The patient's low back remains symptomatic daily as well as shoulders being painful with activity. She claims bilateral hand numbness. Objective findings: an examination of the cervical spine revealed a decreased range of motion. Paravertebral muscles were tender with a tight muscle band bilaterally. Spinous process tenderness was noted on C5 and C6. Examination of the left shoulder revealed tenderness of the periscapular muscles, subdeltoid bursa and trapezius, on palpation. Diagnosis: 1. Cervical disc degeneration 2. Torticollis 3. Brachial neuritis 4. Post-concussion syndrome 5. Depressive disorder 6. Postlaminectomy syndrome of lumbar region 7. Thoracic or Lumbrosacral neuritis 8. Unspecified myalgia and myositis 9. Rotator cuff strain/sprain. The patient's last urine drug screen was done on 08/23/2013. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 5/27/2013. Medication: 1. Norco 10/325mg SIG: 1 tablet PO QID pm 2. Valium, 5mg SIG: 1 tablet PO QID pm 3. Soma 350mg SIG: 1 tablet in the evening as needed for pain 4. Wellbutrin X1 300mg tablet SIG: 1 per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF SOMA 350MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 63.

Decision rationale: Muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the Soma for an extended period of time since at least as far back as 5/27/2013. Soma is not medically necessary.

ONE (1) PRESCRIPTION OF NORCO 10/325MG: 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): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco is not medically necessary.

ONE (1) PRESCRIPTION OF VALIUM 5MG: Upheld

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

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

Decision rationale: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. There is no documentation of specific necessity and the patient has been taking Valium since at least 5/27/2013. Valium 5mg is not medically necessary.

ONE (1) PRESCRIPTION OF WELLBUTRIN XL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

Decision rationale: Although the patient carries a diagnosis of depression and Wellbutrin is recommended as an option after other agents, there is no quantity or prescribing instructions with the request. An incomplete request cannot be authorized. 1 prescription of Wellbutrin XL is not medically necessary.

ONE (1) URINE TOXICOLOGY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Urine drug screen is not medically necessary.