MAXIMUS Federal Services

Case Number:	CM13-0065759		
Date Assigned:	01/03/2014	Date of Injury:	11/09/2011
Decision Date:	05/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old female who reported an injury on 11/09/2011. The mechanism of injury was not provided in the medical records. Her symptoms included right shoulder pain. The pain was described as aching. The injured worker rated her pain to be an 8/10 without pain medication and a 1/10 with pain medications. Examination of the right shoulder revealed a decrease in range of motion due to pain. Her current medications included hydrocodone/acetaminophen, diazepam, Flexeril, promolaxin, and Voltaren. The injured worker was diagnosed with chronic pain syndrome and muscle pain. Diagnostic studies were not included in the medical Final Determination Letter for IMR Case Number CM13-0065759 3 records. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF VALIUM 5MG, #120: Upheld

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

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

Decision rationale: According to the California 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 4 weeks. The documentation submitted for review indicated the injured worker had been taking Valium for an extended period of time. As the guidelines indicate that benzodiazepines are not recommended for long-term use due to its risk of tolerance and dependence, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Therefore, the request for Valium 5 mg, #120 is non-certified.

PRESCRIPTION OF NORCO 10/325MG, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, CRITERIA FOR USE; OPIOIDS, DOSING Page(s): 78,86.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring, which are analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review indicated the injured worker had pain relief with the use of Norco and denied any side effect from the medications. The injured worker's pain was noted to decrease from 8/10 to 1/10 with the use of pain medications. The documentation submitted for review indicated the injured worker's current medication combination provided decrease in pain and increase in function, the injured worker Final Determination Letter for IMR Case Number CM13-0065759 4 denied any side effects or aberrant drug-taking behaviors. However, the California Guidelines recommend that opioid dosing does not exceed 120 oral morphine equivalents per day. The morphine equivalent doses of the different opioids must be added together or patients taking more than 1 opioid to determine the cumulative dose. As documentation indicated, the injured worker is also currently taking MS Contin 16 mg twice a day, the dosing exceeds the 120 mg recommendation. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for Norco 10/325 mg, #240 is non-certified.

PRESCRIPTION OF EXALGO 8MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, CRITERIA FOR USE; OPIOIDS, DOSING Page(s): 78,86.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief,

functional status, and the 4 A's for ongoing monitoring, which are analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review indicated the injured worker had pain relief with the use of Norco and denied any side effect from the medications. The injured worker's pain was noted to decrease from 8/10 to 1/10 with the use of pain medications. The documentation submitted for review indicated the injured worker's current medication combination provided decrease in pain and increase in function, the injured worker denied any side effects or aberrant drug-taking behaviors. However, the California Guidelines recommend that opioid dosing does not exceed 120 oral morphine equivalents per day. The morphine equivalent doses of the different opioids must be added together or patients taking more than 1 opioid to determine the cumulative dose. As documentation indicated, the injured worker is also currently taking MS Contin 16 mg twice a day, the dosing exceeds the 120 mg recommendation. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for Exalgo 8 mg, #30 is non-certified.