

Case Number:	CM13-0069046		
Date Assigned:	01/03/2014	Date of Injury:	11/26/2001
Decision Date:	04/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 49 year-old female with an 11/26/2001 industrial injury claim. She has been diagnosed with bilateral knee internal derangement; cervical spine sprain; lumbar spondylosis. According to the 11/11/13 orthopedic report from [REDACTED], the patient presents with throbbing pain in both knees, right greater than left. She also has right ankle pain and swelling and constant neck and back pain with numbness and tingling radiating down to the left foot. On 11/27/13, UR recommended non-certification for continued use of Xanax; Valium; Lortab; Norco; and Pepcid.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX XR (ALPRAZOLAM XR) 0.5 #60, ONE TABLET Q.H.S: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: According to the 11/11/13 orthopedic report from [REDACTED], the patient presents with throbbing pain in both knees, right greater than left. She also has right ankle pain and swelling and constant neck and back pain with

numbness and tingling radiating down to the left foot. The records show the patient has been using Valium since 5/13/13 and Xanax since 9/20/13. MTUS states most guidelines limit use of benzodiazepines to 4 weeks. The continued use of Xanax over 2-months is not in accordance with MTUS guidelines.

VALIUM (DIAZEPAM) 10MG #60, ONE TABLET Q8H: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: According to the 11/11/13 orthopedic report from [REDACTED], the patient presents with throbbing pain in both knees, right greater than left. She also has right ankle pain and swelling and constant neck and back pain with numbness and tingling radiating down to the left foot. The records show the patient has been using Valium since 5/13/13. MTUS states most guidelines limit use of benzodiazepines to 4 weeks. The continued use of Valium over 6-months is not in accordance with MTUS guidelines.

LORTAB (HYDROCODONE/BIT & ACET 7.5/500MG) #60, ONE TO TWO TABLETS Q4-6H: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 88-89.

Decision rationale: The Expert Reviewer's decision rationale: According to the 11/11/13 orthopedic report from [REDACTED], the patient presents with throbbing pain in both knees, right greater than left. She also has right ankle pain and swelling and constant neck and back pain with numbness and tingling radiating down to the left foot. The earliest available progress note from [REDACTED] is dated 5/13/13. It states the patient is using Lortab, Pepcid and cyclobenzaprine, and Norco and Valium were requested. There was no pain assessment, and exam shows cervical and lumbar ROM at 20 degs, flexion and extension and bilateral knee ROM at 0-125. The 5/13/13, 6/14/13, 6/28/13, 7/24/13, 8/30/13, 9/20/13, 10/21/13, and 11/11/13 reports were reviewed and none provide a pain assessment or function assessment using a numeric scale or validated instrument. The ROM stays the same through all visits. The MTUS criteria for long-term use of opioid states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the

medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Lortab or Norco MTUS does not recommend continuing treatment if there is not a satisfactory response.

NORCO (HYDROCODONE/APAP) 10/325 MG #60, ONE TO TWO TABLETS Q4-6H:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9,88-89.

Decision rationale: The Expert Reviewer's decision rationale: According to the 11/11/13 orthopedic report from [REDACTED], the patient presents with throbbing pain in both knees, right greater than left. She also has right ankle pain and swelling and constant neck and back pain with numbness and tingling radiating down to the left foot. The earliest available progress note from [REDACTED] is dated 5/13/13. It states the patient is using Lortab, Pepcid and cyclobenzaprine, and Norco and Valium were requested. There was no pain assessment, and exam shows cervical and lumbar ROM at 20 degs, flexion and extension and bilateral knee ROM at 0-125. The 5/13/13, 6/14/13, 6/28/13, 7/24/13, 8/30/13, 9/20/13, 10/21/13, and 11/11/13 reports were reviewed and none provide a pain assessment or function assessment using a numeric scale or validated instrument. The ROM stays the same through all visits. The MTUS criteria for long-term use of opioid states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Lortab or Norco MTUS does not recommend continuing treatment if there is not a satisfactory response.

PEPCID (FAMOTLDINE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/berkeley-and-jensen-acid-controller-complete.html#indications>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The Expert Reviewer's decision rationale: According to the 11/11/13 orthopedic report from [REDACTED], the patient presents with throbbing pain in both knees, right greater than left. She also has right ankle pain and swelling and constant neck and back pain with

numbness and tingling radiating down to the left foot. The earliest available progress note from [REDACTED] is dated 5/13/13. It states the patient is using Lortab, Pepcid and cyclobenzaprine, and Norco and Valium were requested. There is no mention of GERD, and the MTUS risk factors for GI events were not mentioned. The patient does not appear to meet any of the MTUS criteria for use of an H2 receptor antagonist on a prophylactic basis. The request is not in accordance with MTUS guidelines.