

Case Number:	CM14-0004830		
Date Assigned:	01/24/2014	Date of Injury:	02/15/1996
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 injured worker is a 52-year-old who reported an injury of unknown mechanism on February 15, 1996. In the clinical note dated December 17, 2013, the injured worker complained of lower back pain that radiated down both legs into the toes and slight left knee pain. The physical examination of the lower back revealed decreased range of motion and a negative straight leg raise. The diagnoses included patellofemoral chondromalacia, knee arthritis syndrome and lumbar disc herniation. The treatment plan consisted of requests for norco 10/325mg, diazepam 10mg for lower back muscle spasm one every 12 hours, daily exercise and physical therapy 3x2 weeks. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CGRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZIDIAZEPINES, 24

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the use of valium (benzodiazepines) is 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. The provider noted the medication was being utilized for muscles spasms; however, the clinical notes lacked documentation of muscle spasms and of failed conservative therapies. The guidelines also state that the use of benzodiazepines is limited to four weeks; however, the clinical note lacked documentation indicating how long the injured worker has been utilizing the medication. The request did not specify the number of tablets being requested. The request for Valium 10mg is not medically necessary or appropriate.

NORCO 10/325 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 80

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that norco is indicated for moderate to moderately severe pain. The usual dose of 5/500mg is one or two tablets PO every four to six hours as needed for pain (Max eight tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually one tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The request for Norco 10/325 mg is not medically necessary or appropriate.