

Case Number:	CM14-0011272		
Date Assigned:	02/28/2014	Date of Injury:	06/26/2002
Decision Date:	07/15/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/28/2014

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 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:

Patient is a 69-year-old male who has submitted a claim for degeneration of cervical intervertebral disc and tenosynovitis of hands and wrists associated with an industrial injury date of 6/26/2002. Medical records from 2012-2013 were reviewed which revealed consistent neck pain. Pain was rated 6/10 without medications and 2-5/10 with medications. Patient can now walk for 10 minutes doing household works. Physical examination showed tenderness in bilateral spinatus capitus, bilateral trapezius, bilateral rhomboid and bilateral thumb base muscles. MRI of the cervical spine done on 12/4/2007 showed C6-C7 degenerative disc disease. Treatment to date has included, intake of medications namely Norco, Valium, MS Contin, Flexeril, Naproxen, Wellbutrin and Lidocaine patch. Utilization review from 12/30/13 denied the request for Norco 10/325mg. Request for Valium 5 mg #30 was modified to #20. Norco was denied because there was no documentation of compliance and functional improvement noted. Regarding Valium, it was modified to 20 pills for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #120 WITH 1 REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed Norco 10/325 mg since at least 2009. Progress report dated 11/14/2013 mentioned that with medication his pain decreased from 6/10 to 2/10. In addition, he could now walk for 10 minutes and do household chores. Furthermore, no adverse effect was noted with the use of Norco. Guidelines have been met. Therefore, the request for Norco 10/325 #120 with 1 refill is medically necessary.

VALIUM 5 MG #30 WITH 1 REFILL: Upheld

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

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

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, patient has been using Valium, a Benzodiazepine since 2009. However, long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Valium 5 Mg #30 with 1 refill is not medically necessary.