

Case Number:	CM14-0013573		
Date Assigned:	02/26/2014	Date of Injury:	05/03/2005
Decision Date:	08/11/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 is a 51-year-old female patient with a date of injury of 5/3/05. The mechanism of injury has not been described. On 1/16/14, the patient notes that currently uses the Butrans patch and has not needed to take the Norco at all. She states with Norco she has stomach pain, heart racing and problems with sleeping, constipation and mood swings or depression. An objective exam of the lumbosacral paraspinal region notes tenderness to palpation with restrictions in flexion and extension secondary to pain. The diagnostic impression is a history of back pain, likely due to degenerative joint and disc disease. The treatment to date includes lumbar epidural steroid injections; physical therapy; acupuncture and medication management. A UR decision dated 1/23/14 denied the request for Norco and Valium. The request for Norco was denied because per the guidelines, opioids are not considered first line therapy for neuropathic pain. There is no documentation of urine drug screens or an opiate pain contract. In addition, ongoing opiate usage is not warranted unless the patient has returned back to work. It is recommended that the Norco be modified to allow for weaning. Valium was denied because long-term efficacy has not been determined. The request for Valium was modified to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #120: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is documentation that the patient is using Butrans patch with good results and has not needed the Norco at all. In addition, she stated that she has experienced many adverse side effects due to Norco such as depression, mood swings, heart racing and insomnia. There is no documentation of a CURES Report or an opiate pain contract. Therefore, the request for Norco 10/325mg #120 was not medically necessary.

VALIUM 10 MG, #30: 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 California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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 guidelines do not support the long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence. Guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and long-term use may increase anxiety. Therefore the request for Valium 10mg #30 was not medically necessary.