MAXIMUS Federal Services

Case Number:	CM14-0013945		
Date Assigned:	03/05/2014	Date of Injury:	12/30/1999
Decision Date:	06/30/2014	UR Denial Date:	01/18/2014
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 Orthopedic Surgery 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:

The medical records note a 69-year-old individual with a date of injury of December 30, 1999. A request for authorization is provided for hydrocodone/acetaminophen 10/650 mg #90 with 2 refills and Valium 10 mg #60. The record indicates the claimant has been treated for low back, hip, and shoulder pain. The most recent progress note dated December 24, 2013 notes subjective findings of hypersensitive skin. The pain was 3/10 with medication and 7/10 without. A notation is made of improved functionality, specifically with activities of daily living. An increase in left hip pain is reported. The record evidences a urine drug screening protocol is being used, and an opioid agreement exist.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/650MG #90 WITH TWO (2) REFILLS: Overturned

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, HYDROCODONE (VICODIN, LORTAB),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CA MTUS 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT

GUIDELINES, CALIFORNIA CODE OF REGULATIONS, TITLE 8. EFFECTIVE JULY 18, 2009, CA MTUS PAGE 91

Decision rationale: Norco 10/325 - Norco (Hydrocodone/acetaminophen) 10/325 is a short-acting opioid combined with acetaminophen. If utilized as outlined, every six hours on an as needed basis (PRN) up to four pills per day would be supported. The MED is 20 mg per day and the acetaminophen load is 1300 mg daily. The record does note that opioid agreement. Additionally, a reference to urine drug screen protocol is documented. CA MTUS chronic pain treatment guidelines, under the heading 'long-term assessment of opioids' - notes that there is no set frequency for visits for maintenance (greater than 6 months) for long-term opioid users. Based on the clinical data provided, appropriate documentation is made noting efficacy, functional improvement, urine drug screening, and an opioid contract. Based on the data available, and the CA MTUS chronic pain medical treatment guideline recommendations, there is a clinical indication for the use of this medication. Therefore, this request is recommended for certification.

VALIUM 10MG #60: 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, VALIUM (DIAZEPAM),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 8 C.C.R. §§9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009) , PAGE 24 OF 127

Decision rationale: Valium (Diazepam) is a branded anxiolytic medication that can be used as a second line medication for the treatment of spasm. There is no documentation presented in the medical records reviewed of a spasm, either from a compensable or noncompensable source. Furthermore, while guidelines do not support the use of this medication long-term due to unproven efficacy and risk of psychological and physical dependence, when a clinical indication does exist, this is almost always limited to short term use. The quantity of 90 tablets implies long-term use of this medication. Based on the clinical data available indicating long-term use of this medication, and the guideline recommendations to limit the use of this medication to short term use only, this request is recommended for non-certification.