

Case Number:	CM14-0017935		
Date Assigned:	04/16/2014	Date of Injury:	12/27/2002
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The patient is a 64 year old female who was injured from 1990 to 12/27/2002 while performing her usual and customary duties including frequently standing, bending, walking, gripping, twisting, grasping, and carrying; intermittently reaching, pushing, and pulling; and occasionally lifting, sitting, stooping, squatting, work overhead, and kneeling. She estimates the equipment weighs between 5 and 300 lbs. Prior treatment history has included hydrocodone and Diazepam. Drug screen dated 09/05/2013 tested positive for opioids, hydrocodone, norhydrocodone and acetaminophen Drug screen dated 07/02/2013 tested positive for acetaminophen, hydrocodone and norhydrocodone which were prescribed. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/25/2012 revealed Grade 1 left lateral listhesis at L3-4 due to moderate levoscoliotic deformity; Multilevel disc desiccation and loss of disc height at T11-12, L2-3, L3-4 and L4-5 with loss of lumbar lordosis; L4-5, L5-S1 shows a 3.0 and 3.8 mm disc protrusions present, respectively, that flatten and abut the thecal. Pain management consultation dated 01/07/2014 reports the patient complains of chronic moderate lumbosacral pain; chronic pain status post bilateral total knee replacement; left thumb pain and cervicothoracic tension. She rates the intensity of the pain as 2 to 3. She has mild to moderate pain radiating into the left lower extremity to the knee. She continues to have back pain which is over the inferior aspect of the scapula worse than the right side with associated dysesthesias. She has continued knee pain status post bilateral total knee replacement. There is chronic pain in the left first metacarpal-phalangeal joint pain. She has diffuse tension. At this time, she is considering having specific treatments to the new painful in the midthoracic area. On examination, cervical ranges of motion are within normal limits. Cervical compression is negative; cervical distraction is negative; shoulder depression is negative; Bakody's sign is negative. The upper extremities reveal hypertrophic first metacarpophalangeal joint on the left;

palpation of the first metacarpophalangeal joint produces pain; range of motion is within normal limits. Thoracic spine shows paravertebral back pain which is over the inferior aspect of the scapula worse than the right side with associated dysesthesias. There is no motor weakness detected. There is a levoscoliosis noted; paravertebral muscle spasm is present, most significantly at the left L1 and L2 levels. The bilateral L5-S1 facet joints are tender. The bilateral sacroiliac joints and iliolumbar ligaments are tender. Lumbar ranges of motion are decreased. Straight leg raise is positive on the left; Kemp's is positive; Patrick's test is positive on the right. The lower extremities show a bilateral healed surgical incision consistent with total knee arthroplasties. The bilateral medial and lateral collateral ligaments are tender. There is no instability noted. Seated straight leg raise on the left produces pins and needles sensation into the left L4 dermatome. Otherwise, sensation is intact and symmetrical throughout the bilateral upper and lower extremities. Deep tendon reflexes are 1/4 at the bilateral biceps, brachioradialis, triceps, patellar and Achilles tendons. Motor strength is 5/5 throughout the upper and lower extremities. The patient is diagnosed with lumbar levoscoliosis; lumbar disc protrusion; lumbar radiculitis; lumbar facet joint pain; sacroiliac joint pain; new thoracic strain T7-T8 with myofascial pain/spasm; Opioid dependence; status post bilateral total knee joint replacements; and left 1st metacarpophalangeal joint arthritis. The medications help keep her pain relatively low, and allow her to remain partially functional. The recommended medications are Hydrocodone 5/500 mg, Diazepam 5 mg, stool softeners, omeprazole 20 mg, and chiropractic therapy x6 visits

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR HYDROCODONE 5/500MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID FOR CHRONIC PAIN Page(s): 80-81.

Decision rationale: According to the CA MTUS guidelines, Hydrocodone "short-acting opioids" is recommended for short-term pain relief in cases of chronic back pain but it is not recommended in osteoarthritis and mechanical pain etiologies. The medical records document the patient was diagnosed with lumbar disc protrusion with radiculopathy, status post bilateral TKA, and Left 1st metatarsal phalangeal joint arthritis, the patient has been on Hydrocodone and diazepam since 4/18/2013, recent urine drug screen was dated 9/5/2013 and the result was consistent with patient prescribed medication. Provider notes on 1/7/14 that Rx help keep her pain low and allow for increased functionality. Therefore, this meets the minimal criteria for the guideline cited above.

PRESCRIPTION FOR DIAZEPAM 5MG #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG). MENTAL ILLNESS & STRESS, INSOMNIA TREATMENT.

Decision rationale: The Ca MTUs guidelines have not addressed the issue of dispute. According to the ODG, Diazepam "Benzodiazepines" is only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). The medical records document the patient was diagnosed with lumbar disc protrusion with radiculopathy, status post bilateral TKA, and Left 1st metatarsal phalangeal joint arthritis, the patient had been on Hydrocodone and diazepam since 4/18/2013, recent urine drug screen was dated 9/5/2013 and the result was consistent with patient prescribed medication. Provider notes on 1/7/14 that Rx helps keep her pain low and allow for increased functionality. Therefore, this is an appropriate deviation from the cited guideline above.