

Case Number:	CM14-0019941		
Date Assigned:	04/28/2014	Date of Injury:	09/06/2012
Decision Date:	07/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

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:

According to the records made available for review, this is a 51-year-old male with a 9/6/12 date of injury. At the time (1/10/14) of the request for authorization for 120 tablets of Norco 10/325mg, 90 tablets of MS Contin 30mg, and 90 tablets of Valium 5mg, there is documentation of subjective (none specified) and objective (increased kyphosis; tenderness to palpation over the right lumbar facets, left lumbar facets; right and left paravertebral lumbar spasm, right and left thoracolumbar spasm; and right L4 radiculopathy) findings, current diagnoses (joint disorders NEC, pain in joint, and lumbosacral neuritis NOS), and treatment to date (medication including Norco, MS Contin, and Valium for at least 3 months). Regarding 120 tablets of Norco 10/325mg and 90 tablets of MS Contin 30mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco and MS Contin. Regarding 90 tablets of Valium 5mg, there is no documentation of the intention to treat over a short course (less than four weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

120 TABLETS OF NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of joint disorders NEC, pain in joint, and lumbosacral neuritis NOS. In addition, there is documentation of treatment with Norco for at least 3 months. Furthermore, there is documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for 120 tablets of Norco 10/325mg is not medically necessary.

90 TABLETS OF MS CONTIN 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of joint disorders NEC, pain in joint, and lumbosacral neuritis NOS. In addition, there is documentation of treatment with MS Contin for at least 3 months. Furthermore, there is documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of

medications or medical services with use of MS Contin. Therefore, based on guidelines and a review of the evidence, the request for 90 tablets of MS Contin 30mg is not medically necessary.

90 TABLETS OF VALIUM 5MG: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, single episode, severe. In addition, given documentation of records reflecting prescriptions for Valium since at least 10/29/13, there is no documentation of the intention to treat over a short course (less than four weeks). Therefore, based on guidelines and a review of the evidence, the request for 90 tablets of Valium 5mg is not medically necessary.