

Case Number:	CM14-0112772		
Date Assigned:	09/18/2014	Date of Injury:	10/17/2006
Decision Date:	10/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/19/2014

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 Montana. 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 injured worker is a laborer with a cumulative trauma condition of the cervical and lumbar spine involving both upper and lower extremities. The date of injury is in 2006 and the medical records indicate that he has not worked since 2007. He has been treated in a pain clinic for chronic pain management with medications including Valium, Norco, Suboxone and OxyContin ER. The records indicate that he is a candidate for lumbar surgery and possibly spinal cord stimulator. The primary treating physician has requested Valium 5 mg #60 and Norco 10/325 #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG #60: Upheld

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

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

Decision rationale: Valium is a benzodiazepine type of medication. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limiting use to 4 weeks, their range of action

includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic and anxiolytic effects occur within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records show Valium has been prescribed to control muscle spasm and anxiety. He has been on Valium at least since January 2014 with decreasing efficacy. The treatment note on 9/5/14 indicates that he now needs Valium at 3 times a day as opposed to twice daily. It is clear that the use of Valium is not consistent with the MTUS guidelines which note that it is not recommended for long-term use. The request for Valium 5 mg #60 is not medically necessary.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75, 78, 91.

Decision rationale: Norco is a combination medication including hydrocodone, a short-acting opioid analgesic, and acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of Norco requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Norco has a recommended maximum dose of 60 mg per 24 hours. The medical records document decreases in pain level up to 50% and increased function with ability to mow his church lawn and improved sleep with his current treatment regimen. His current Norco dose does not exceed the 60 mg per 24 hours which is the recommended maximum dose. The records note that decreased use of opioid medication is anticipated with good response to surgery and possibly a spinal cord stimulator. I am reversing the prior UR decision. The request for Norco 10/325 mg #180 is medically necessary.