MAXIMUS Federal Services

Case Number:	CM14-0115971		
Date Assigned:	08/04/2014	Date of Injury:	09/19/2003
Decision Date:	09/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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 claimant was injured on September 18, 2003. Valium, Norco, and Voltaren gel are under review. He was injured while lifting heavy pipe. He also reported injuries to his right elbow and knee as a compensable consequence of the low back injury. He was walking down a hallway and his knee gave out on him and he struck his right elbow on a door frame. He had multiple failed back surgeries with MRIs in 2007. He had knee arthroscopy with postop PT for 12 sessions, right elbow debridement surgery, EMGs, MRI of the right knee in 2010, PT for the low back, electrodiagnostic studies, MRI of the low back, and medications. On February 14, 2014, he stated his back pain was improved slightly with the change in the prosthesis of his leg. His pain medication was helpful but did not relieve his pain. He was not very active. He was taking Ambien, Prozac, gabapentin, Voltaren gel, OxyContin, Norco, Soma, and Xanax. He was disabled. He was using a cane. Had an ulcer on his foot. He was to continue the Prozac, Ambien, and Xanax. His medications were refilled. On March 14, 2014, he saw [redacted]. Trazodone was requested. He had a good response to trazodone and amitriptyline. His medications included trazodone, Prozac, gabapentin, Voltaren gel, OxyContin, Norco, Soma, and Xanax. He was walking with a cane with a antalgic gait. His sensation was grossly intact except for an ulcer in the left foot and toe. Diagnoses included lumbar DDD (degenerative disc disease) and a bulging disc with facet arthropathy. There is no description of his use of the medications that are under review. He has been using Norco and carisoprodol for a number of months. He has been on opioids for several years. He has also been taking alprazolam and Soma for a number of years. On July 2, 2014, a surgical evaluation was pending due to worsening back pain. He was using Valium for anxiety and muscle spasms and trazodone was benefiting him. He was using Voltaren gel with benefit. He was taking oxycodone and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg, ninety count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 54.

Decision rationale: The history and documentation do not objectively support the request for Valium 10 mg 1 tablet TID #90 with 2 refills. The Chronic Pain Medical Treatment Guidelines state "benzodiazepines (Alprazolam) 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. 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 effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the claimant's pattern of use of Valium is unknown and the measurable objective benefit to him and evidence of sustained functional improvement have not been described. There is no evidence that the claimant has been involved in an ongoing exercise program to try to maintain the benefit of treatment measures. Therefore, the request for Valium 10 mg, ninety count with two refills, is not medically necessary or appropriate.

Norco 10/325 mg 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco 10/325 mg QID #120. The Chronic Pain Medical Treatment Guidelines outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. The Chronic Pain Medical Treatment Guidelines further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief

and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. Therefore, the request for Norco 10/325 mg 120 count is not medically necessary or appropriate.

Voltaren External Gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Voltaren gel. The Chronic Pain Medical Treatment Guidelines state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of multiple other medications with no documentation of intolerance or lack of effectiveness. It is not clear what additional benefit the claimant receives from the use of this type of medication over and above the pain relief he receives from his multiple medications or how the benefit is determined. Therefore, the request for Voltaren external gel 1% is not medically necessary or appropriate.