

Case Number:	CM14-0122053		
Date Assigned:	08/06/2014	Date of Injury:	10/17/2006
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/03/2014

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 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:

Injured worker is a male with date of injury 10/17/2008. Per pain management progress note dated 7/7/2014, the pain specialist began seeing the injured worker on 6/5/2014 because the previous pain management physician had just retired. The injured worker was taking opioid medication through that pain management office and was put on Suboxone for a couple of years. Workers' compensation stopped the Suboxone and he was put back on Norco. Last month, because of an acute flare up, he was prescribed a Medrol Dosepak and a lumbar spine MRI. He is not working. He was injured six years ago and he is permanent and stationary. He still has some increased pain and he was told he can still use the Medrol Dosepak. On examination gait and station is slow and right antalgic. Deep tendon reflexes bilaterally symmetrical biceps 1+ and patellar 2+. Neck flexion is 30 degrees and extension 10 degrees with pain in both directions, and bilateral facet loading test is positive. The Spurling's sign is negative bilaterally. Shoulder exam is unremarkable. Low back has no surgical scars, facet area is tender and loading test is positive. Straight leg raise is negative bilaterally. Diagnoses include 1) lumbago 2) cervical degenerative disc disease 3) cervicalgia 4) sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vallum 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section and Weaning of Medications section Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. This request is for a refill of Valium. The request for Valium 5 mg #60 is determined to not be medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The injured worker is noted to have a home exercise program which is being reinforced by the requesting physician. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no evidence of functional improvement, and the patient had previously been treated with Suboxone, but Norco was restarted after non-certification of Suboxone. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #180 is determined to not be medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The injured worker is noted to have a home

exercise program which is being reinforced by the requesting physician. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no evidence of functional improvement, and the patient had previously been treated with Suboxone, but Norco was restarted after non-certification of Suboxone. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 20 mg #60 is determined to not be medically necessary.

Norco #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The injured worker is noted to have a home exercise program which is being reinforced by the requesting physician. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no evidence of functional improvement, and the patient had previously been treated with Suboxone, but Norco was restarted after non-certification of Suboxone. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco #120 is determined to not be medically necessary.