

Case Number:	CM14-0130018		
Date Assigned:	08/20/2014	Date of Injury:	04/07/2006
Decision Date:	11/06/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation and pain management 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 injured worker is a 70-year-old female who sustained an injury on 4/7/06. As per 6/13/14 report, she presented with constant slight to intermittent moderate and occasionally severe left-sided neck, left shoulder, low back, and left knee pain. The neck pain radiated down the left upper extremity to the elbow, occasionally to the hand and had occasional numbness and tingling with stiffness and limited motion of the neck. She had weakness, popping, clicking and limited ROM of the left shoulder. The low back pain radiated down the lower extremities to the feet with numbness and tingling in the feet with stiffness and limited ROM of the low back. She had popping, clicking, and giving way of the left knee. Exam revealed decreased ROM of the cervical spine, left shoulder and lumbar spine with 2+ pain and spasms noted over the paralumbar musculature. MRI of the cervical spine dated 2/13/13 revealed disc protrusions, bilateral foraminal stenosis, facet arthropathy, bilateral uncovertebral osteophyte formation, and solid fusion of C5-6 and C6-7. MRI of the lumbar spine dated 6/28/13 revealed disc bulges at L2-3 and L5-S1. She previously had total knee arthroplasty and right knee surgery. She is currently on Mobic, Valium, Norco and Zantac. Previous treatments have included physical therapy, medications, and cortisone injection. Norco was prescribed for pain and Valium for sleep and anxiety. She has a history of vomiting with generic bands. Diagnoses include facet arthropathy, disc protrusion, cervical/upper limbs radiculitis, acromioclavicular arthropathy, and labrum tear arthropathy shoulder. The request for Norco 10/325 mg #100 and Valium 10 mg #30 were modified to one month's supply for weaning purposes on 7/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #100: Upheld

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): 91, 74.

Decision rationale: Per guidelines, Norco (Hydrocodone + Acetaminophen) is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no record of a urine drug test to monitor this patient's compliance. Therefore, Norco 10/325 mg #100 is not medically necessary.

Valium 10 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

Decision rationale: Per guidelines, Valium (Diazepam) is not recommended for long-term use. Diazepam is a long-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. According to the guidelines, Benzodiazepines 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. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. The medical records do not reveal a clinical rationale that establishes Diazepam is appropriate and medically necessary for this patient as discussed above, thus the Valium 10 mg #30 is not medically necessary.