

Case Number:	CM14-0139386		
Date Assigned:	09/05/2014	Date of Injury:	01/21/2012
Decision Date:	10/27/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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, has a subspecialty in Interventional Spine 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 patient is a 52 years old female with an injury date on 01/21/2012. Based on the 03/20/2014 follow-up psychosocial pain management report by [REDACTED], the diagnosis is adjustment disorder with mixed anxiety and depression mood. According to this report, the patient complains of depressed mood, sleeplessness, fatigue, anxiety/nervousness, and worries. Mental status examination reveals normal interpersonal manner, psychomotor activity, speech /language, emotionality, thought processes and sensorium/intellectual functioning. Physical exam findings were not included in the files for review. There were no other significant findings noted on this report. The utilization review denied the request on 07/30/2014. [REDACTED] from [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 01/22/2014 to 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 q8h #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Opioids; Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Opioids for Chronic Pain Page(s): 60, 61, 78, 88, 89, 80, 81.

Decision rationale: The provider is requesting Norco 5/325 q8h #60 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 03/20/2014 and the utilization review letter in question is from 07/30/014. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show no mentions of Norco and it is unknown exactly when the patient initially started taking this medication. In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

Naproxen 550mg BID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; Naproxen Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22, 67, 68, 22, 60, 61.

Decision rationale: The provider is requesting Naproxen 550 mg BID #120 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 03/20/2014 and the utilization review letter in question is from 07/30/014. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show no mentions of Naproxen and it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Therefore, this request is not medically necessary.

Prilosec 20mg BID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68 -69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The provider is requesting Prilosec 20 mg BID #120 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 03/20/2014 and the utilization review letter in question is from 07/30/014. The MTUS Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports show that the patient is taking Naproxen and has no gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, this request is not medically necessary.

Valium 10mg QD #60: Upheld

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

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

Decision rationale: The provider is requesting Valium 10 mg QD #60 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 03/20/2014 and the utilization review letter in question is from 07/30/014. MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. Review of reports show no mentions of Valium and it is unknown exactly when the patient initially started taking this medication. In this case, there is a request for Valium #60, but the provider does not mention why this medication is being prescribed. There is no discussion in the reports regarding this medication. The provider does not mention that this is for a short-term use. Therefore, this request is not medically necessary.