

Case Number:	CM14-0156376		
Date Assigned:	09/25/2014	Date of Injury:	08/28/2002
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/24/2014

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 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:

This patient sustained an injury on 6/28/2002 while employed by [REDACTED]. Request(s) under consideration include Valium/Diazepam 5mg quantity #60 and Norco/ Hydrocodone-Acetaminophen 10/ 325mg quantity #180. Diagnoses include cervicalgia/ degenerative intervertebral disc; brachial neuritis/ radiculitis; thoracic/ lumbosacral neuritis/ radiculitis; lumbosacral intervertebral degenerative disc; spondylosis; sciatica; sacroilitis/ sacroiliac sprain; muscle spasm; lumbago. Report of 7/18/14 from the provider noted ongoing neck and thoracic pain; been approved for LESI. Neck pain radiates to bilateral shoulders and arms with lower back pain radiating to buttocks and legs. Percocet and Parafon forte were refilled along with recommended MRIs of cervical and lumbar spine with patient remaining disabled. Report of 8/20/14 from the provider had unchanged symptom complaints. LESI on 8/5/14 noted to provide 100% pain relief; however, the patient has thoracic radicular pain. Exam noted cervical and thoracic limited range and spasm with paresthesias around the T8-9 region with tender lumbar facets. Medications were again refilled. The request(s) for Valium/ Diazepam 5mg quantity #60 was partially-certified for #30 and Norco/ Hydrocodone-Acetaminophen 10/ 325mg quantity #180 partially-certified for #60 for weaning on 9/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium/Diazepam 5mg quantity #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: Valium is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, kinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury of 2002 nor is there documented functional efficacy from treatment already rendered. Valium/ Diazepam 5mg quantity #60 is not medically necessary and appropriate.

Norco/Hydrocodone-Acetaminophen 10/325mg quantity #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, Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco/ Hydrocodone-Acetaminophen 10/325mg quantity #180 is not medically necessary and appropriate.

