MAXIMUS Federal Services

Case Number:	CM14-0168595		
Date Assigned:	10/16/2014	Date of Injury:	01/26/2000
Decision Date:	12/09/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 26, 2000.Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; unspecified amounts of physical therapy over the course of the claim; and opioid therapy.In a Utilization Review Report dated September 29, 2014, the claims administrator partially approved a request for Norco and denied a request for Valium outright.The applicant's attorney subsequently appealed.In an August 13, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was reportedly "working hard in the field." The applicant's medications were reportedly well tolerated. The applicant was apparently working as harvesting almonds. Constant low back pain was noted, scored at 7/10 with medications. The applicant was using Valium and Norco prior to visit, it was suggested. The applicant was given 180 tablets of Norco and 30 tablets of Valium with two refills. The applicant was asked to increase Valium to thrice daily. It was stated that the applicant denied any symptoms of anxiety or depression on this occasion. It was not stated for what purpose Valium was being employed.In a progress note dated June 20, 2014, the applicant was again described as working full time as a manual laborer. The applicant complained that his claims administrator was not paying for his medications. The applicant stated that his pain scores were reduced to 6/10 with medications. The applicant was using Norco and Valium on this occasion. The applicant stated that he was able to perform housework, self-care, and drive with his medications. The applicant was once again returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #203: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly returned to regular duty work doing manual labor as an agricultural worker, the attending provider has posited on several occasions, referenced above. The applicant is likewise deriving appropriate analgesia through ongoing Norco usage, it has been further posited. The applicant's ability to perform activities of daily living has likewise been ameliorated through ongoing usage of Norco, the attending provider has stated on several occasions, referenced above. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Valium 5mg #90: Upheld

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

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic benzodiazepine usage is the treatment of choice for very few conditions, with most guidelines limiting usage of Valium and other benzodiazepines to four weeks. In this case, it is further noted that it was not clearly stated for what purpose Valium was being employed. The applicant has, furthermore, seemingly been using Valium for appears to be a span of several months. The prescription for Valium 5 mg #90 implies thrice daily usage, moreover, and does run counter to MTUS principles and parameters. Therefore, the request was not medically necessary.