

Case Number:	CM14-0170560		
Date Assigned:	10/20/2014	Date of Injury:	02/15/2002
Decision Date:	11/20/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a male who was injured on 2/15/2002. He was diagnosed with bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and lumbar spondylosis. He was treated with various medications including NSAIDs, opioids, and sedative hypnotics, according to the documents available for review. On 9/22/2014, the worker was seen by his primary treating physician complaining of his lumbar spine which limited his ability to walk and stand for prolonged periods of time. He also reported numbness and tingling in both legs. He was then recommended to use a cane and continue to take his then current medications which included hydrocodone, Colace, naproxen, and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that

for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using hydrocodone chronically leading up to this request. For the past few progress notes leading up to this request, there was not sufficient evidence showing functional improvement with hydrocodone use, and no specific quantitative report of pain reduction with its use. Without this complete documented review on a regular basis showing appropriateness, the hydrocodone is not medically necessary to continue.

Anaprox DS 550mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, he had been using this medication chronically for his associated pain, including his low back pain. However, considering this is inappropriate use of this type of medication and there not being any significant documented evidence showing Anaprox improving the worker's function and pain levels, the Anaprox is not medically necessary to continue. Also, there was no evidence to show that the worker was experiencing an acute exacerbation of low back pain that might have warranted a short course of an NSAID.

Valium 10mg, #60: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher

tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, the Valium had been used chronically. It is not clear exactly why and how it was used. Regardless, this is inappropriate use for this type of medication (chronic use). Also, considering him as a possible exception to this general rule, there was no documented evidence to show functional improvement with Valium use. Therefore, the Valium is not medically necessary to continue.