MAXIMUS Federal Services

Case Number:	CM14-0024189		
Date Assigned:	06/16/2014	Date of Injury:	11/01/1960
Decision Date:	09/17/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 53-year-old man who sustained a work related injury on August 30, 2002. Subsequently, he developed a chronic lower back pain. On 2012, the patient underwent a spine surgery: anterior cervical decompression and fusion C5-6, C6-7. According to a note dated on February 4, 2014, the patient reported constant low back pain with decreased range of motion. No numbness or tingling is noted. Lumbar spine examination revealed decreased lordosis; tenderness with reduced range of motion. There reduced sensation in the territory L5 dermatoma. The provider requested authorization to use Norco and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325: 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): 179.

Decision rationale: According to the MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow

specific rules. There is no clear evidence of objective and recent functional and pain improvement with previous use of Opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Norco. There is no documentation of patient compliance with his medications. Therefore, the prescription of NORCO 10/325 is not medically necessary.

VALIUM 10 MG: 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: According to the MTUS guidelines, Benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient have insomnia and antidepressants are more appropriate treatment for anxiety. Therefore, the prescription of Valium is not medically necessary.