

Case Number:	CM14-0028801		
Date Assigned:	06/16/2014	Date of Injury:	08/02/1993
Decision Date:	12/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 injured worker's date of injury is 08/02/1993. The initial injury occurred while stacking and unloading heavy pain cans. This patient receives treatment for chronic headaches, neck, upper back, shoulder and right arm pains. The patient underwent an anterior C5-C6 discectomy and fusion procedure. He underwent two right wrist procedures. There was another surgical procedure on his neck on 04/05/2006 to treat instability. The patient underwent radiofrequency neurotomy in September 2011. Diagnoses include: chronic pain, cervicalgia, bilateral rotator cuff syndrome, De Quervain's tendonitis R, myofascial pain syndrome and opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: Opioids in general do not demonstrate efficacy when used to treat chronic pain. Studies fail to show a benefit, when a return to function is measured. Many patients develop tolerance, dependence and addiction when their pain is treated with opioids over the

long-term. The documentation does not show either good pain control or improvement in function. Ultracet is not medically indicated.

VALIUM 5 MG, #90: 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: Valium is a Benzodiazepine. Benzodiazepines are not recommended to be used over the long-term, because there is little evidence of efficacy and there is a high likelihood of creating dependency. Guidelines typically recommend a 4 week treatment course. Long-term use may actually lead to an increase in anxiety. Valium is not medically indicated.

SOMA 350 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: Soma is a muscle relaxer, specifically an anti-spasmodic. Muscle relaxers are recommended with caution for the short-term management of exacerbations of neck or back pain in patients with chronic pain. Soma particularly is recommended for no longer than a 2 to 3 week span of time. This drug produces drowsiness and produces both psychological and physical dependence. Soma is not medically indicated.