

Case Number:	CM14-0032692		
Date Assigned:	06/20/2014	Date of Injury:	03/15/2011
Decision Date:	08/12/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 injured worker is a 50-year-old female who was reportedly injured on March 15, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated November 5, 2013, indicated that there were ongoing complaints of pain, although it was not stated where. Current medications include gabapentin, Norco, Percocet, Pristiq and Valium. The physical examination demonstrated tenderness along the cervical and upper thoracic spine with muscle spasms. No tenderness or spasms were noted over the lumbar spine. There was full range of motion of the left shoulder with crepitus and limited range of motion of the right shoulder. Examination the right hand noted well healed operative scars in a slightly bluish discoloration. There was tenderness along the right upper extremity. Tremors of the right upper extremity were noted. There was otherwise a normal upper extremity neurological examination. No particular treatment plan was mentioned. Previous treatment included the use of the wrist brace and physical therapy A request had been made for Norco, Valium and methadone and was not certified in the pre-authorization process on February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (30 dys) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74,78,93 of 127.

Decision rationale: California Medical Treatment Utilization Schedule chronic pain medical treatment guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee stated to have chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco 10/325 is not medically necessary.

Valium 10mg (30days) #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute severe, muscle spasms. This medication and all benzodiazepines have a relatively high abuse potential. According to the attached medical record, the injured employee has been previously prescribed Valium, and this is another request for an additional 90 tablets. Considering this, the request for Valium is not medically necessary.

Methadone 10mg (14 days) #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Methadone, updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, methadone is recommended as a second line medication for moderate to severe pain, for opioid withdrawal or tolerance and only a potential benefit outweighs the risk. There was no documentation in the attached medical record that the injured employee has these issues, nor that the existing prescriptions of both Norco and Percocet, that the injured employee was already taking, were inadequate. For these multiple reasons, this request for methadone is not medically necessary.