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| Case Number: | CM14-0033744 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 04/19/2010 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 & Rehabilitation 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 request for 1 REFILL OF VALIUM 5MG #90 is not medically necessary. The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has chronic back pain. The notes indicate that he has been on Valium since at least 07/07/2014 which exceeds the guideline recommendation of 4 weeks. Additionally the request as submitted did not provide a medication frequency. As the injured worker has been on Valium longer than 4 weeks the request is supported. As such, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 (360tabs): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for Norco 10/325 (360tabs) is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic

pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behaviors, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.