

Case Number:	CM14-0048108		
Date Assigned:	07/09/2014	Date of Injury:	05/24/2000
Decision Date:	09/16/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational 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:

The patient is a 69-year-old female who has submitted a claim for lumbar sprain associated with an industrial injury date of May 24, 2000. Medical records from January 21, 2013 up to March 19, 2014 were reviewed showing lumbar pain 8-9/10 in severity, described as aching, burning, stabbing, throbbing, with radicular pain in right and left leg. Pain was exacerbated by bending and twisting. Patient also complained of leg pain, 10/10 in severity, characterized as aching, burning, sharp, and stabbing. Patient also has a diagnosis of hypertension, diabetes mellitus, hypercholesterolemia, and depression. Physical examination revealed appropriate mood and affect. Musculoskeletal examination showed difficulty walking, sitting, and standing. She had an antalgic gait and tilt. Muscle strength of left hip flexors, left hip adductors, and abductors were 3/5. Muscle strength of left foot dorsiflexors and left foot plantarflexors were 0/5. She had a right foot drop and walked with a cane. Treatment to date has included Norco 10/325mg PO TID, Valium 10mg PO BID, aspirin, Colace, Cymbalta, Diazepam, Diclofenac, Furosemide, Lisinopril, Metformin, Nortriptyline, Nuvigil, Omeprazole, and Pravastatin. Utilization review from March 28, 2014 modified the request for Norco 10/325mg #90 and Valium 10mg #60 x 3 refills to 50% of the normally taken amount the first week followed by 50% the following week for both medications. There is no documentation of a maintained increase in function or decrease in pain with the use of Norco and Valium. After 2 months, there could be a re-evaluation for any indication for ongoing weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. In this case, the patient has been taking Norco 10/325mg since at least January 2013. There was no documentation of improved functioning, pain relief, and routine urine drug screening. The guidelines for continued opioid use have not been met therefore, the request for Norco 10/325mg #90 is not medically necessary.

Valium 10mg #60 x 3 refills: Upheld

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

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

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the patient has been taking Valium 10mg since at least January 2013. There was no documented evidence of significant pain relief and improved functioning with the use of said medication. In addition, the guidelines clearly state that the recommended use of benzodiazepines is limited to 4 weeks only therefore, the request for Valium 10MG #60 x 3 refills is not medically necessary.