

Case Number:	CM14-0058578		
Date Assigned:	07/09/2014	Date of Injury:	10/09/2002
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 applicant is represented [REDACTED] employee who has filed a claim for chronic knee pain and anxiety reportedly associated with an industrial injury of October 9, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; long or short acting opioids; and anxiolytic medications. In a utilization review report dated April 18, 2014, the claims administrator denied a request for Norco and Valium. The applicant's attorney subsequently appealed. In a progress note dated April 9, 2014, the applicant was described as having persistent complaints of bilateral knee pain. The applicant is using MS Contin three times daily and Norco five times daily. The applicant was off of work, receiving both monies from Social Security Disability Insurance and Workers' Compensation. The applicant reported 7/10 pain with medications and 9-10/10 pain without medications. Multiple medications were refilled, including Morphine, Norco, Valium, and Voltaren gel. The attending provider stated that the applicant found her medications beneficial, but did not elaborate or expound upon what activities of daily living had been ameliorated with ongoing medications usage. In an earlier note dated March 10, 2014, the applicant stated that she had difficulty kneeling, standing, and/or squatting with agonizing pain. The applicant was using three tablets of MS Contin 60 mg daily. The applicant was also using Norco 5 times daily. The applicant was very cautious about weight bearing. The applicant was off of work, it was reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 Quantity 1: 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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted in the page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is receiving Social Security Disability Insurance, it has been suggested. The applicant is reporting only minimal to marginal reduction in pain scores from 9/10 without medications to 7/10 with medications. The attending suggested that the applicant is unable to perform even basic activities of daily living, such as kneeling, squatting, standing, and/or walking, owing to pain. All of the above, taken together, suggested that discontinuing opioids may be more appropriate option than continuing the same. Therefore, the request is not medically necessary.

Valium 10mg #30 Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 15, page 402, anxiolytics may be appropriate for brief periods, in cases of overwhelming symptoms, so as to affording the applicant with the opportunity to recoup emotional and/or physical resources. In this case, however, attending provider is seemingly employing Valium, on a chronic, long term, and/or scheduled use basis. This is not an appropriate indication for the same, per ACOEM. No rationale for selection and/or ongoing usage of Valium was proffered by the attending provider in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.