

Case Number:	CM14-0060925		
Date Assigned:	07/09/2014	Date of Injury:	03/16/2004
Decision Date:	08/19/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 03/16/2004. The mechanism of injury was repetitive motion. The injured worker complained of neck and shoulder pain from bending his neck while operating a forklift. The patient has diagnosis of status post anterior cervical discectomy and fusion. Past history of treatment includes physical therapy, chiropractic treatment, medications, and surgery. Medications included Norco, Vicodin, Soma, Omeprazole, Naproxen, Zanaflex, Valium, Prilosec, Xanax XR, Medrox ointment, Ambien, and Gabapentin. Diagnostic studies included an EMG/NCV, multiple cervical MRIs, and x-rays. Surgical history includes status post anterior cervical discectomy and fusion on 09/12/2012, right ulnar nerve transposition surgery on 09/08/2009, anterior cervical discectomy and fusion and cervical fusion at C6-7 on 09/12/2012. The progress note dated 01/13/2014 noted the patient had no new motor or sensory deficits. The request is for Norco 10/325 mg every 8 hours as needed #60, Valium 10 mg every 8 hours as needed #30, and Prilosec 20 mg daily #30. The rationale was not submitted within the documentation. The request for authorization was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Q8H prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list, Opioids, criteria for use Page(s): 92, 78.

Decision rationale: The is a request for Norco 10/325 mg every 8 hours as needed #60. The injured worker has a history of shoulder pain. The California MTUS state a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. A urine drug screen is also suggested randomly. There is lack of documentation of pain relief, side effects, physical functioning, and potential aberrant drug-related behaviors. As such, the request is not medically necessary.

Valium 10mg Q8H prn #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: Valium is a benzodiazepine. The California MTUS Guidelines do not recommend 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 been on medication for unknown amount of time. There is lack of documentation as to functional benefits from the medication. As such, the request for Valium 10 mg every 8 hours as needed #30 is not medically necessary.

Prilosec 20mg QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker has history of back pain. The California MTUS Guidelines state; patients at intermediate risk for gastrointestinal events and no cardiovascular disease: A non-selective NSAID with either a PPI (proton pump inhibitor) or misoprostol or a Cox-2 selective agent. Long-term PPI use has been shown to increase the risk of hip fracture. There is lack of documentation the injured worker has gastrointestinal issues. As such, the request for Prilosec 20 mg #30 is not medically necessary.