

Case Number:	CM14-0067621		
Date Assigned:	07/11/2014	Date of Injury:	06/09/2007
Decision Date:	09/24/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 56-year-old who was injured on June 9, 2007. The mechanism of injury is unknown. Prior medication history as of April 21, 2014 included Lexapro, Fluticisone, Diazepam, Seroquel and Hydrocodone (no VAS is provided). There are no diagnostic studies for review. Progress report dated April 21, 2014 states the patient presented with complaint of cervical disc problems. Objective findings on exam revealed decreased range of motion of the neck. Diagnoses are displacement of the cervical intervertebral disc without myelopathy. His medications were refilled which included tramadol hydrochloride 50 mg, Norco 325/10 mg, and diazepam 5 mg. Prior utilization review dated April 30, 2014 states the request for Tramadol Hydrochloride 50mg QTY:720 is partially certified for Tramadol HCL 50 mg #180; Norco 325/10mg QTY: 720 is partially certified for Norco 325/10 #180; and Diazepam 5mg QTY: 180 is denied medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 50mg QTY:720: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 & 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultraam) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The medical records do not quantify the subjective pain level with and without medication. The medical records fail to establish moderate to severe pain, lack of adequate response to first line analgesics, and clinically significant improvement in objective findings as result of medication use. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Given the minimal objective findings, non-opioid analgesics such as NSAIDs (non-steroidal anti-inflammatory drugs) would be adequate to address the patient's neck pain complaint. Therefore, the request for Tramadol Hydrochloride 50 mg, 720 count, is not medically necessary or appropriate.

Norco 325/10mg QTY: 720: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Norco is indicated for moderate to moderately severe pain. Norco "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (greater than sixteen weeks), but also appears limited. The medical records do not quantify the subjective pain level with and without medication. The medical records fail to establish moderate to severe pain, lack of adequate response to first line analgesics, and clinically significant improvement in objective findings as result of medication use. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Given the minimal objective findings, non-opioid analgesics such as NSAIDs would be adequate to address the patient's neck pain complaint. Therefore, the request for Norco 325/10 mg, 720 count, is not medically necessary or appropriate.

Diazepam 5mg QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepine.

Decision rationale: According to the ODG and CA MTUS guidelines, Diazepam is not recommended. This drug is within the class of drugs, Benzodiazepines, which are not recommended. The long-term efficacy is unproven and there is risk of psychological and physical dependence or frank addiction. The medical records do not provide a clinical rationale as to justify providing medication that is not recommended under the evidence-based guidelines. Diazepam is not medically indicated. Therefore, the request for Diazepam 5 mg, 180 count, is not medically necessary or appropriate.