

Case Number:	CM14-0070491		
Date Assigned:	07/14/2014	Date of Injury:	08/06/2002
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 injured worker is a 60 year-old female with date of injury of 08/06/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/09/2014, lists subjective complaints as pain in the neck with radicular symptoms down the right shoulder. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles and decreased range of motion in all planes due to pain. Right shoulder: There was significant tenderness to palpation around the right shoulder and subacromial bursa region. Range of motion was severely decreased in all planes due to pain. There was significant hypersensitivity along the posterolateral arm and forearm on the left in comparison to the right with the use of Wartenberg pinwheel. There was also decreased sensation along the C6 distribution. Diagnosis: 1. Status post C4-5 and C5-6 anterior cervical discectomy and fusion, 2005 2. Anterior cervical discectomy and fusion, C6-7 with removal of previous fusion hardware Nov. 2007 3. Lumbar post-laminectomy syndrome 4. Bilateral lower extremity radiculopathy, right greater than left 5. Left total knee replacement 6. Status post right knee arthroscopy 7. Right wrist internal derangement 8. Depression and anxiety 9. Spinal cord stimulator implant 10. Right planar fasciitis 11. Right shoulder impingement syndrome 12. Left shoulder strain 13. Hypertension 14. Medication induced gastritis. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 1 year. The injured worker's medications are: Norco 10/325mg #240 SIG: 6-8 tablets qd prn, Valium #90 SIG: tid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, Norco is not medically necessary.

Valium #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The MTUS states that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Valium for over one year. Therefore, Valium is not medically necessary.