

Case Number:	CM14-0072366		
Date Assigned:	07/16/2014	Date of Injury:	02/14/2007
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiologist, Pain Medicine 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 59-year-old male who reported an injury on 02/04/2007 due to an unknown mechanism. The injured worker had a physical examination on 04/22/2014 with complaints of persistent neck, back, and leg pain. The injured worker stated he was taking his medications on a regular basis to control pain. Medical history for the injured worker was back and neck pain due to injury on 02/14/2007, multiple cervical and thoracic spinal disc degeneration, elevated PSA, and hypertension. Surgical history included tonsillectomy, pinectomy, inguinal hernia, cervical disc implant C-5 in 2009, and colonoscopy 2007. Examination of the extremities revealed localized lumbar spasm and tenderness as well as leg pain noted in the right calf. Neck pain worsened with neck extension. Medications for the injured worker were ibuprofen 800 mg, tramadol 50 mg, Norco 325 mg-5 mg, Valtrex 500 mg, simvastatin 40 mg, amoxicillin 500 mg, Valium 10 mg. Diagnoses for the injured worker included cervicgia, lumbago, and neuropathy. Treatment plan for the injured worker was to continue medications as prescribed. The request was for Norco 5/325mg, quantity 480. The rationale was not submitted for review. The request has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, qty 480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation American Academy of Pain Medicine (AAPM) Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Opioid Classifications: Short-acting/Long-acting opioids Page(s): 78,75.

Decision rationale: Norco is a short-acting opioid that is often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The document submitted for review does not report pain values on the VAS. The California Medical Treatment Utilization Schedule states pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines also recommend 4 domains that have been proposed as most relevant 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 nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The request submitted does not indicate a frequency for the medication. It was not reported why the injured worker needed 480 tablets of Norco 5/325mg. There was no documentation of pain outcomes from taking the medication or functional improvements in activities of daily living. Therefore, the request for Norco 5/325mg qty 480 is not medically necessary and appropriate.

Valium 10mg, qty 240: Upheld

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

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

Decision rationale: The request for Valium 10 mg, quantity 240 is non-certified. Valium falls in a class of medications called benzodiazepines. The California Medical Treatment Utilization Schedule states 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, and anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The medical necessity for taking Valium has not been established within the document submitted for review. The request submitted does not indicate a frequent for the medication. The document submitted for review does not report functional benefits from taking this medication. There was a lack of rationale for the requested number of tablets. Also, the quantity would exceed the recommended length of time for this medication. Therefore, the request is non-certified.

Ibuprofen 800mg, qty 630: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug list and Adverse Effects Page(s): 70.

Decision rationale: The California Medical Treatment Utilization Schedule states for back pain the use of NSAIDS is recommended as an option for short term symptomatic relief. The medial guidelines suggest all NSAIDS to be used with caution. The guidelines state NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. GI symptoms and cardiovascular risk are other side effects to watch out for. It is recommended periodic lab monitoring of a CBC and chemistry profile including liver and renal function test. Routine blood pressure monitoring is also recommended. It is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. The request submitted does not indicate a frequency for the medication. There was a lack of efficacy noted in the documentation provided to support continuation. There was a lack of rationale provided to support the need for a quantity of 630 when the injured worker had been instructed to take one tablet twice a day. The request for ibuprofen 800 mg, quantity 630 is not medically necessary and appropriate.