

<b>Case Number:</b>	CM14-0074587		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/12/2006
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Nevada. 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 records, presented for review, indicate that this 50-year old male was reportedly injured on May 12, 2006. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated March 21, 2012, indicated there were ongoing complaints of low back pain. The physical examination demonstrated a decreased lumbar spine range of motion, tenderness to palpation, motor function was 5/5, and sensation was diminished in the L5 distribution of the right. Diagnostic imaging studies changes consistent with the surgery completed. Previous treatment included lumbar laminectomy, facet injections, lumbar fusion and pain management interventions. A request was made for multiple medications and was not certified in the preauthorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10 mg. one tablet by mouth two (2) to four (4) times a day QTY:120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 91-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco 10 mg. one tablet by mouth two (2) to four (4) times a day QTY: 120 is not medically necessary.

**Kadian 50 mg. one tablet by mouth every twelve (12) hours QTY:60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 56, 93, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93.

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS), sustained relief or generally medications are indicated for those individuals who require around the clock analgesia. Management of opioid medications should include the lowest possible dose to improve pain and function. There is no recent progress notes demonstrating any efficacy and that there is no improved functionality, decreased symptomatology or measurable decreases in pain complaints. Therefore, based on the clinical information presented for review, the Kadian 50 mg. one tablet by mouth every twelve (12) hours quantity : 60 is not medically necessary.

**Valium 5 mg. one tablet by mouth four times a day as needed QTY:120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

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

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS), the chronic use of benzodiazepines are not recommended for long term, as there is no noted efficacy and a significant risk of dependence. Furthermore, there is no clinical narrative data presented to suggest that this medication has demonstrated any efficacy or utility in terms of decreased pain, increased functionality or amelioration of symptomatology. Therefore, based on the data presented, the Valium 5 mg. one tablet by mouth four times a day as needed quantity:120 is not medically necessary.

**Hematology Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations (IME): Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, independent medical examinations, page 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM), guidelines outlined that a specialist is indicated if the diagnosis is uncertain or extremely complex. However, there are no progress notes presented outlining the rationale for seeking a hematology consultation. Therefore, based on a lack of clinical information, the Hematology Consultation is not medically necessary.