

Case Number:	CM14-0080590		
Date Assigned:	07/18/2014	Date of Injury:	05/21/1998
Decision Date:	08/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 60 year old male with an injury date of 05/21/98. Based on the 02/06/14 progress report provided by [REDACTED], the patient complains of constant pain in his bilateral shoulders and left thumb. He has frequent numbness and tingling in half of his palm including the area of the fourth and fifth digits of the left hand. Pain wakes him up frequently throughout the night. The patient admits to having depression due to chronic pain which decreases his function. His diagnoses include the following: Right shoulder impingement status post-surgical intervention and arthroscopic decompression; Left wrist sprain status post excision performed and multiple surgeries; Excision of the piriformis; Ulnar nerve injuries status post repair with residual dysfunction on the left; Ganglion along the IP joint of the thumb with tenting of the skin and pain with function. The patient has element of sleep, depression, and stress. [REDACTED] is requesting for the following: 2 prescription of Valium 10 mg #60; 2 prescriptions of Norco 10/325 mg #120; 2 prescriptions of Soma 350 #60; The utilization review determination being challenged is dated 05/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/03/13- 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Prescriptions of Valium 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

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

Decision rationale: According to the 02/06/14 report by [REDACTED], the patient presents with constant pain in his bilateral shoulders and left thumb. The request is for 2 prescription of Valium 10 mg #60 for anxiety. The patient has been taking Valium since 01/03/13. MTUS page 24 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. In this case, the patient has been taking Valium since 01/03/13 which exceeds the 4 weeks recommended by MTUS guidelines. Therefore, the request for 2 prescriptions of Valium 10mg #60 is not medically necessary and appropriate.

2 Prescriptions of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Opioids; When to Discontinue Opioids; Weaning of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: According to the 02/06/14 report by [REDACTED], the patient presents with constant pain in his bilateral shoulders and left thumb. The request is for 2 prescription of Norco 10/325 mg #120 for moderate to severe pain. The patient has been taking Norco since 01/03/13. The 02/06/14 report states that Norco decreases his pain to 4/10 allowing him to be more functional. He is taking medications to be functional. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) as well as documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. are required. Although the physician provides a pain scale for the patient's pain with Norco, benefit Norco, there is no specific discussion regarding ADL's to understand whether or not there has been a significant improvement, no discussion regarding adverse drug seeking behavior including UDS, pain contract, Cures reports, etc, and outcome measures as required by MTUS are not provided. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore, the request for 2 prescriptions of Norco 10/325mg #120 is not medically necessary and appropriate.

2 Prescriptions of Soma 350 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) (2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 63-66.

Decision rationale: According to the 02/06/14 report by [REDACTED], the patient presents with constant pain in his bilateral shoulders and left thumb. The request is for 2 prescription of Soma 350 #60 for muscle spasm. He is on Soma which helps decrease the intensity of tightness and stiffness in his left fingers allowing him to do work with the left hand. Without Soma, he would not be able to use the left fingers. MTUS does not support the use of Soma for long-term. Review of the reports show that this patient has been on Soma at least from 01/03/13. Therefore, the request for 2 prescriptions of Soma 350 #60 is not medically necessary and appropriate.