

Case Number:	CM14-0109908		
Date Assigned:	08/01/2014	Date of Injury:	06/10/1997
Decision Date:	08/11/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 47 year old male, who sustained an industrial injury on 6/10/97. The injured worker has complaints of pain in the neck and back with severe spasms and tingling for both upper extremities and lower extremities and radiating pain for both upper extremities and lower extremities. The examination of the cervical spine revealed that there is tenderness palpable over the paravertebral and trapezial musculature and spasms present bilaterally. Lumbosacral spinal examination revealed tenderness palpable over the paravertebral musculature with spasm present. Straight leg raising test in the seated and supine position produces pain in the lumbar spine bilaterally. The diagnoses have included cervical spine musculoligamentous sprain with disk bulges; lumbar spine musculoligamentous sprain with disk protrusion and subacromial impingement syndrome, right shoulder. Treatment to date has included hydrocodone; fiorocet and valium. The request was for vicodin 2.5/325mg #270; fiorocet 325mg #60 retrospective 5/23/14 and valium 10mg #60 retrospective 1/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 2.5/325mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Vicodin 2.5/325mg #270 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The request for Vicodin is not medically necessary.

Fioricet 325 #60 RETRO 05/23/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Fioricet 325 #60 RETRO 05/23/14 is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The guidelines state that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The documentation submitted and the MTUS guidelines recommending against this medication do not support the medical necessity of this medication therefore Fiorocet is not medically necessary.

Valium 10mg #60 RETRO 01/03/2014: Upheld

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

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

Decision rationale: Valium 10mg #60 RETRO 01/03/2014 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax already and the documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and using this medication beyond the MTUS recommended 4 week time period. The request for Valium is not medically necessary.