

Case Number:	CM14-0191028		
Date Assigned:	11/24/2014	Date of Injury:	05/22/2001
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal 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 (IW) is a 41-year-old man with a date of injury of May 22, 2001. The IW sustained an injury to his low back while carrying a 250 pound piece of glass with a co-worker. The co-worker dropped the piece of glass and it fell in the IW, pinning him to the ground. The IW has been diagnosed with s/p anterior/posterior fusion at L5-S1, and chronic low back pain. Medical treatments to date have included left lumbar medial branch nerve block, s/p failed microdiscectomy at L5-S1 on March 14, 2002, and s/p lumbar fusion on July 10, 2003. EMG/NCV is positive for left L5-S1 radiculopathy. Pursuant to the progress report dated October 11, 2014, the IW present for a follow-up visit with complains of a sore back. He states that he is working. The progress report indicated that the IW has an unspecified pump. Physical examination revealed stiffness and tightness at L4-L5 on deep palpation as well as bilateral posterior, and superior iliac spine. Straight leg raise test causes hamstring tightness, and low back pain as well as numbness and tingling on the left side. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The provider is requesting authorization for urine drug screen and is refilling his current medications of Norco 10/325mg, and Valium 5mg. Administrative records indicate that the IW has been prescribed Valium since at least 2012. The IW has been taking Norco for an unknown period of time. The IW is 13 years post-date of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#120 is not medically necessary. Chronic, ongoing opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function improved quality of life. The lowest possible dose should be prescribed to improve pain and function. Chronic opiate use should be accompanied by a risk assessment. The risk assessment will determine whether a patient is at low risk, intermediate or high risk for opiate misuse or abuse. In this case, the date of injury is May 22, 2001 and the injured worker is 41 years old. The injured worker status post anterior posterior fusion at L5 S1 with a diagnosis of chronic low back pain. The injured worker is 13 years post injury and continues to have low back pain. The injured workers also on an unspecified pump. The documentation does not contain evidence of objective functional improvement in activities of daily living and in terms of reducing subjective symptoms. There is no risk assessment present in the medical record. The guidelines do not recommend narcotics for long-term use. There is no compelling clinical evidence the medical record supporting the prolonged use of opiates. Consequently, the request for Norco 10/325#120 is not medically necessary.

Valium/Diazeparn 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Benzodiazepines.

Decision rationale: Benzodiazepines are not recommended for long-term use (less than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the date of injury is May 22, 2001 and the injured worker is 41 years old. The injured worker is 13 years post injury. The treating physician has prescribed Valium dating back at least to 2012. The guidelines do not recommend long-term use of benzodiazepines. Chronic benzodiazepine use is recommended and very few conditions. This is due to the development of tolerance and dependence. There is no compelling clinical documentation to support the use of long-term opiate. Therefore, based on guidelines and a review of the evidence, the request for Valium 5 mg #60 is not medically necessary.

