

Case Number:	CM14-0193798		
Date Assigned:	12/01/2014	Date of Injury:	02/10/2011
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 10, 2011. In a Utilization Review Report dated November 6, 2014, the claims administrator partially approved/modified requests for Valium, Norco, and Percocet. The claims administrator stated that its decisions were based on an RFA form dated October 30, 2014. The applicant's attorney subsequently appealed. In an October 29, 2014 progress note, the applicant reported ongoing complaints of left shoulder pain with associated locking and clicking. The applicant stated that he was experiencing recurrent shoulder dislocations. The applicant also reported ancillary complaints of neck pain, mid back pain, and low back pain. The applicant was apparently recently seen in the Emergency Department and given both Ativan and Percocet. The applicant was using Norco for pain relief at a rate of seven tablets a day and using Percocet for breakthrough pain on top of that. The applicant appeared slightly agitated in the clinic setting. The applicant was asked to employ Butrans for chronic shoulder pain complaints and potentially obviate the need for short-acting opioids. Somewhat incongruously, the attending provider then stated that the applicant should also continue Percocet and Norco. It was stated that Valium was being employed for antispasmodic effect. Two hundred and seventy tablets of Norco, 30 tablets of Percocet, and 60 tablets of Valium were dispensed. Genetic testing was also endorsed. On September 3, 2014, the applicant reported ongoing complaints of shoulder pain, at times severe and excruciating. The applicant was given 210 tablets of Norco and asked to employ Percocet for severe or breakthrough pain. On October 1, 2014, 210 tablets of Norco and 30 tablets of Percocet were dispensed. The applicant again complained of recurrent pain subluxation. The applicant's work status was not furnished on any of these occasions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg QTY 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 topic Functional Restoration Approach to Chronic Pain Management section Page.

Decision rationale: The requesting provider stated that Valium is being employed for antispasmodic effect. However, page 24 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that usage of benzodiazepines such as Valium be limited to four weeks, noting that long-term usage of benzodiazepines is not recommended. Here, it appeared that the applicant was given Lorazepam (Ativan) on a recent emergency department visit. It was not clear why the requesting provider suggested that the applicant employ Valium in conjunction with previously provided Ativan. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific information such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not outline a clear rationale for provision of two separate anxiolytic medications, Ativan and Valium. Furthermore, page 24 of the MTUS Chronic Pain Medical Treatment Guidelines does caution against long-term usage of benzodiazepines, citing a risk of dependence. Here, the requesting provider has suggested that the applicant has already experienced issues with opioid-dependence and, on October 29, 2014, suggested that the applicant consider using long-acting BuTrans in an effort to wean the applicant off of short-acting opioids such as Norco and Percocet. It was not clearly outlined why the attending provider chose to provide or endorse usage of two separate benzodiazepines in this opioid-dependent applicant. Therefore, the request is not medically necessary.

Norco 10/325mg QTY 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic When to Continue Opioids topic Page(s): 78,80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the requesting provider seemingly furnished the applicant with two separate short-acting opioids, Percocet and Norco. Such usage runs counter to the philosophy espoused on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids. Furthermore, the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of

opioid therapy, which include evidence of reduced pain and improved function achieved as a result of ongoing opioid usage and/or evidence of successful return to work achieved as a result of ongoing opioid usage. Here, the applicant's work status was not outlined on progress notes of October 29, 2014, September 3, 2014, and October 1, 2014. The applicant continues to report complaints of severe, intractable shoulder pain on each office visits, referenced above, implying that ongoing use of Norco had not, in fact, proven effective. Therefore, the request is not medically necessary.

Percocet 10/325 QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Opioids, Ongoing Management topic Page(s): 80,78.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not outlined on office visits of October 1, 2014, September 3, 2014, and October 29, 2014, referenced above. The applicant continued to report severe and intractable shoulder pain on each such office visits, referenced above. The attending provider failed to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy, including ongoing Percocet usage, on any of the office visits in question. Finally, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, the requesting provider did not outline a compelling rationale or basis for provision of two separate short-acting opioids, Percocet at a rate of once daily and/or Norco at a rate of seven to nine times daily. Therefore, the request is not medically necessary.