

Case Number:	CM14-0202812		
Date Assigned:	12/15/2014	Date of Injury:	10/25/1986
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice, 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 57-year-old male who sustained an industrial injury on October 25, 1986 at which time a wrench weighing 8 to 13 pounds fell from 25 feet above and struck his hard had. The patient is status post cervical fusion in 1986, lumbar laminectomy in 1988, lumbar fusion in 1990, and cervical fusion in 1991. He is diagnosed with lumbago, failed back syndrome, cervicgia, and chronic pain syndrome. The patient was seen on October 27, 2014 complaining of 7-8/10 pain. He complains of low back pain radiating to the lower extremities. He also reports neck pain with radiculopathy and numbness to both hands. Prior rhizotomies for the cervical and lumbar spine were beneficial and have worn off. He is taking Valium 10 mg one tablet per night for insomnia. He takes Norco 5/325 mg PRN. He states Norco causes drowsiness. He is taking tramadol 50 mg PRN. He notes less drowsiness with tramadol. He is taking Prilosec 200 mg b.i.d. as gastroprotectant. He is taking naproxen 500 mg Q 12 hours PRN. He denies any blood in the stool, hematochezia or black tarry stools. The patient notes 50% benefit with medications. He states the medications help improve his activity. He is able to perform his activities of daily living with less pain. He can walk, stand, and sit longer an extra 30 minutes. He notes overall the medications are helping. Examination revealed cervical tenderness, positive cervical foraminal closure test bilaterally, lumbar spasm, facet tenderness, positive straight leg raise, decreased sensation bilateral L5 nerve root, and decreased motor strength on the right lower extremity. Urine drug screen on October 4, 2004 was consistent. PAR October 23, 2014 is consistent. Valium 10 mg #30, tramadol 50 mg #30, Norco 5/325 mg #30, and naproxen 500 mg #60 were refilled. Utilization Review was performed on November 3, 2014 at which time the California MTUS guidelines were cited and the medications were deemed not medically reasonable or necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 23, 123 and 124.

Decision rationale: As per the MTUS Chronic Pain Medical Treatment Guidelines, 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 medical records indicate that Valium has been prescribed for an extended period of time, and while the ongoing use of this medication is not supported, this medication cannot be suddenly discontinued. As noted in the MTUS guidelines, tapering of benzodiazepines is required if used for greater than 2 weeks and tapering may take as long as a year. While tapering is recommended, modification cannot be rendered in this review. Therefore, the request for Valium 10mg #30 is medically necessary.

Tramadol 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The medical records indicate that the patient is followed for chronic pain status post lumbar and cervical fusion. The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be continued if the patient has improved functioning and pain. In this case, the patient is reporting 50% benefit with medications and reports being able to perform walking, standing and sitting an extra 30 minutes with the current medications. The patient is also noted to be complaint and there is no evidence of abuse or diversion. Given the low morphine equivalent dosage of the current opioid regimen and given the evidence of improved function and pain, the request for Tramadol 50mg #30 is medically necessary.

Norco 5/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The medical records indicate that the patient is followed for chronic pain status post lumbar and cervical fusion. The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be continued if the patient has improved functioning and pain. In this case, the patient is reporting 50% benefit with medications and reports being able to perform walking, standing and sitting an extra 30 minutes with the current medications. The patient is also noted to be complaint and there is no evidence of abuse or diversion. Given the low morphine equivalent dosage of the current opioid regimen and given the evidence of improved function and pain, the request for Norco 5/325mg #30 is medically necessary.

Naproxen 500mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Anti-inflammatory Medications Page(s): 66, 21 and 22.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the patient is followed for chronic pain and is reporting subjective and objective functional improvement with the current medication regimen. The patient is noted to taking Naproxen 500 mg p.r.n. and denies any blood in the stool, hematochezia or black tarry stools. The request for Naproxen 500mg #60 is medically necessary to address the inflammatory component of this patient's chronic pain syndrome.