

Case Number:	CM14-0075975		
Date Assigned:	03/09/2015	Date of Injury:	08/28/1999
Decision Date:	04/14/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old male reported a work-related injury on 08/28/1999. According to the PR2 from the treating provider dated 4/16/14, the injured worker (IW) reports left lower back pain rated 5/10. He states his back pain was relieved 70% by the bilateral L5-S1 facet blocks performed on 7/15/14. The IW was diagnosed with lumbar degenerative disc disease with annular disc tear at L3-4, L4-5 and L5-S1; lumbar facet arthrosis; mid-thoracic back pain and past chronic cervical sprain and strain. Previous treatments include medications, physical therapy, chiropractic, biofeedback, TENS and epidural steroid and facet injections. The treating provider requests Norco 10/325mg, #60 with 3 refills; Valium 10mg, #30 with 3 refills and Restoril 30mg, #30 with 3 refills. The Utilization Review on 04/24/2014 modified the request for Norco 10/325mg, #60 with 0 refills; Valium 10mg, #23 with 0 refills and Restoril 30mg, #30 with 0 refills. The reference cited was CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 4/3/14 progress report provided by the treating physician, this patient presents with low back pain and bilateral leg pain. The treater has asked for NORCO 10/325MG #60 WITH 3 REFILLS on 4/3/14. Patient's diagnosis per Request for Authorization form dated 1/3/14 includes lumbar degenerative disc disease, lumbar facet arthrosis, mid-thoracic back pain, cervical sprain/strain. Patient's current medications include Norco, Valium, Restoril, Methadone, Ibuprofen, Pepcid, and Senokot. The patient's work status is not included in the provided documentation. MTUS Guidelines pages 88 and 89 states, 'Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument'. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco has been included in patient's medications per treater reports dated 1/3/14, 2/14/14, 3/6/14, and 4/3/14. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Finally, MTUS does not support more than 60mg/day for Hydrocodone per page 90. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

VALIUM 10MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline.

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

Decision rationale: Based on the 4/3/14 progress report provided by the treating physician, this patient presents with low back pain and bilateral leg pain. The treater has asked for VALIUM 10MG #30 WITH 3 REFILLS on 4/3/14. Patient's diagnosis per Request for Authorization form dated 1/3/14 includes lumbar degenerative disc disease, lumbar facet arthrosis, mid-thoracic back pain, cervical sprain/strain. Patient's current medications include Norco, Valium, Restoril, Methadone, Ibuprofen, Pepcid, and Senokot. The patient's work status is not included in the provided documentation. Regarding Benzodiazepines, MTUS page 24 states, "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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to

anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)"Valium has been included in patient's medications per treater reports dated 1/3/14, 2/14/14, 3/6/14, and 4/3/14. The guidelines still limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or addiction. The request for Valium does not indicate intended short term use. Furthermore, the treater does not explain why two benzodiazepines would be indicated. Therefore the request IS NOT medically necessary.

RESTORIL 30MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, Insomnia treatment.

Decision rationale: Based on the 4/3/14 progress report provided by the treating physician, this patient presents with low back pain and bilateral leg pain. The treater has asked for RESTORIL 30MG #30 WITH 3 REFILLS on 4/3/14. Patient's diagnosis per Request for Authorization form dated 1/3/14 includes lumbar degenerative disc disease, lumbar facet arthrosis, mid-thoracic back pain, cervical sprain/strain. Patient's current medications include Norco, Valium, Restoril, Methadone, Ibuprofen, Pepcid, and Senokot. The patient's work status is not included in the provided documentation. MTUS page 24 does not support long-term use of Benzodiazepines. ODG guidelines pain chapter, Insomnia treatment section has the following specific to Restoril: "(1) Benzodiazepines: FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction." In this case, Restoril has been included in patient's medications per treater reports dated 1/3/14, 2/14/14, 3/6/14, and 4/3/14. However, guidelines still limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or addiction. The request for Restoril does not indicate intended short term use. Furthermore, the treater does not explain why two benzodiazepines would be indicated. The request IS NOT medically necessary.