

Case Number:	CM15-0000054		
Date Assigned:	01/09/2015	Date of Injury:	05/04/2013
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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: Internal 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 35 year old male, who sustained an industrial injury on 05/04/2013. He has reported lower back pain that radiated to left leg pain. The diagnoses have included lumbar radiculopathy and degenerative disc disease. Treatment to date has included lumbar laminectomy at L5-S1, MRI of the lumbar spine and caudal epidural steroid nerve block. Currently, the IW complains of chronic lower back pain that radiates to the left leg pain. Treatment plan included Norco 10/325mg and Valium 10mg. On 12/12/2014 Utilization Review modified the request for Norco 10/325mg #180 and Valium 10mg #120, noting as not medically necessary. The MTUS, ACOEM Guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Norco 10/325mg and Valium 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document lumbar laminectomy L5-S1 surgery on 10/8/13. Epidural steroid injection was performed 6/18/14 and 12/3/14. MRI magnetic resonance imaging demonstrated severe fibrosis around the site of L5-S1. This encases the L5 nerve root and some of the S1 nerve. The neurosurgical surgeon's report dated December 29, 2014 discussed the denial of this patient's pain medications dated 12/12/14. This patient has disabling back and radicular pain down the left leg. The patient has had two lumbar spine operations with resultant scarring along the nerve root of the L5-S1 segment where he had the procedures. His back and left leg pain are persistent and disabling to him. He has now been retired because of his persistent pain from the heavy equipment operating job which he had before his injuries of 10/08/07 and 05/04/13. His pain requires large amounts of medication to keep him functional. The patient was taking Norco 10/325mg six per day for his pain. His pain is a 6/10 and persistent. This patient has neuropathic pain in his left leg based on his scarring around the S1 nerve root where he had two operations on an industrial basis at L5-S1 on the left. The decrease in this patient's pain medication will force him to spend more time on the couch in a supine position because he has difficulty standing and walking without the amount of pain medication which he has been taking. Medical records document objective evidence of pathology. Medical records document objective evidence of pathology on MRI magnetic resonance imaging studies. Analgesia was documented. Activities of daily living were addressed. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) 10/325 mg is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Valium 10 mg # 120: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are not recommended as first-line medications by ODG. Medical records document the long-term use of the benzodiazepine Valium (Diazepam). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore the request for Valium is not supported. Therefore, the request for Valium 10 mg #120 is not medically necessary.