MAXIMUS Federal Services

Case Number:	CM15-0003070		
Date Assigned:	02/17/2015	Date of Injury:	01/15/1997
Decision Date:	04/02/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/07/2015

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:

The injured worker is a 54 year old, male patient, who sustained an industrial injury on 01/15/1997. A primary treating office visit dated 12/23/2014 reported chief complaint of bilateral painful knees, right hip pain and shoulders. He has radiographic evidence 07/02/2012 showing tear of the body and posterior horn of the medical meniscus with joint effusion. He is prescribed the following medications; Norco 10/325, Valium 5, Lidoderm patches and Voltaren gel. A request for the following was made; Norco 10/325, Valium 5. On 01/08/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Opiods, Benzodiazepines were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Norco 10/325 MG 2 By Mouth Every 8 Hours Qty 180 with No Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 54 year old patient presents with pain in bilateral knees, right hip, and shoulders, rated at 7-8/10, as per progress report dated 12/23/14. The request is for 2 NORCO 10/325 mg 2 BY MOUTH EVERY 8 HOURS QTY 180 WITH NO REFILLS. The RFA for the case is dated 01/07/15, and the patient's date of injury is 01/15/97. Diagnoses, as per progress report dated 12/23/14, included chronic bilateral knee pain, chronic hip pain, and chronic pain syndrome. Medications included Norco, Valium, Lidoderm patches, and Voltaren gel. The patient is working full time since 2005, as per the same progress report.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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 09/17/13, and the patient has been taking the medication consistently at least since then. In progress report dated 12/23/14, the treater states that CURES reports are evaluated before each prescription refill. There is a UDS report dated 12/23/14 provided for review. However, the treater does not document a change in pain scale indicative of reduction in pain due to opioid use. Additionally, the treater does not use a validated scale to demonstrate a measurable increase in function. There is no documentation of side effects as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Valium 5 MG, 1 By Mouth Every 6 Hours Qty 120 with No Refills: Upheld

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

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

Decision rationale: The 54 year old patient presents with pain in bilateral knees, right hip pain, and shoulders, rated at 7-8/10, as per progress report dated 12/23/14. The request is for VALIUM 5mg, 1 BY MOUTH EVERY 6HR QTY: 120 WITH NO REFILLS. The RFA for the case is dated 01/07/15, and the patient's date of injury is 01/15/97. Diagnoses, as per progress report dated 12/23/14, included chronic bilateral knee pain, chronic hip pain, and chronic pain syndrome. Medications included Norco, Valium, Lidoderm patches, and Voltaren gel. The patient is working full time since 2005, as per the same progress report.ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), 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." The MTUS Guidelines page 24 states, "benzodiazepines are not

recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."In this case,the prescription for Valium is first noted in progress report dated 09/17/13, and the patient has been taking the medication consistently since then. However, there is no discussion regarding the patient's sleep issues. Additionally, ODG guidelines recommend against the use of Valium for more than 4 weeks. Hence, the treater's request for # 120 is excessive and IS NOT medically necessary.