

Case Number:	CM15-0003186		
Date Assigned:	01/14/2015	Date of Injury:	06/16/2002
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 69 year old male, who sustained an industrial injury on June 16, 2002. He has reported pain of the neck, shoulders, low back, and legs. The diagnoses have included cervical and lumbar disc disorder. Treatment to date has included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine in 2003, electrodiagnostic testing in 2005, lumbar epidural steroid injection, and non-steroidal anti-inflammatory, benzodiazepine, and pain medications. The medical records indicate the injured worker has been treated with the opioid pain and benzodiazepine medication since 2005. On November 25, 2014, the injured worker complains of continuing lower back pain with radiation into both legs. His pain limits his activities. He continues to take his pain and benzodiazepine medications. On December 24, 2014 Utilization Review modified a prescription for Norco 10/325mg #180 with 2 refills, noting the injured worker's pain levels remained, activities continued to be modified due to pain, and the provider's objective findings remained static - displaying range of motion deficiencies and positive nerve tension signs. There was lack of evidence of monitoring of chronic opioid therapy, such as random urine drug screens, Controlled Substance Utilization Review and Evaluation System (CURES) reports, or signed agreements. The continuing the weaning process that had been previously recommended by Utilization Review was again recommended. Utilization Review non-certified a prescription for Valium 10mg #40 with 2 refills, noting the guidelines support a maximum duration of benzodiazepines of 4 weeks. The injured worker has been using Valium long-term and it was not clear if the medication was of any benefit to him. Prior Utilization Review had recommended the weaning of this medication. This request was modified

for continuing the weaning process. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for the Criteria for Use of Opioids and Benzodiazepines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. In addition, there is no evidence of opioid monitoring. Therefore, the prescription of Norco 10/325mg #180 with 2 refills is not medically necessary.

Valium 10mg #40 with 2 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 rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient has been using Valium for a long time without any documentation of improvement of his symptoms. Therefore, the prescription of Valium (Diazepam) 10mg #40 with 2 refills is not medically necessary.

