

Case Number:	CM15-0007085		
Date Assigned:	01/26/2015	Date of Injury:	07/24/2000
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented ██████████ employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 4, 2000. In a Utilization Review Report dated December 24, 2014, the claims administrator partially approved a request for Norco, denied a request for Valium, denied a basic metabolic panel, and denied a hepatic function panel. The claims administrator referenced a December 16, 2014 progress note in its determination. The claims administrator noted that the applicant was using Norco at a rate of four tablets daily. The claims administrator also acknowledged that the applicant had had earlier cervical fusion surgery. The applicant's attorney subsequently appealed. In a December 16, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant was using four tablets of Norco a day. The applicant stated that Norco was reducing his pain from 10/10 to 5/10. The applicant stated that his ability to walk and perform light household chores was ameliorated as a result of ongoing opioid therapy. The applicant was having issues with panic attacks at night. The attending provider contended that the applicant was not using Valium on a daily basis and was only using Valium for issues with severe anxiety and/or associated panic attacks. Laboratory testing was endorsed to evaluate the applicant's renal and hepatic function in the face of the applicant's continued medication consumption. The attending provider also stated that the applicant was able to exercise, walk, and take care of his ill parents on a day-to-day basis. The applicant's work status was not clearly outlined, although the applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use; Weaning of M.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not clearly identified on the December 2014 progress note on which Norco was renewed. While it did not appear that the applicant was working as of that point in time, it did appear, on balance, however, that the applicant was profiting with ongoing opioid therapy. The attending provider identified a reduction in pain scores from 10/10 without medications to 5/10 with medications. The attending provider suggested that the applicant's ability to take care of his elderly parents, exercise, and perform household chores had all been ameliorated as a result of ongoing medication consumption. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

1 prescription of Valium 5mg #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, anxiolytics such as Valium may be appropriate for "brief periods" in cases of overwhelming symptoms. Here, the attending provider successfully established that the applicant was not using Valium on a day-to-day basis but was using Valium sparingly for nighttime panic attacks and/or episodes of severe anxiety if and when they arose. The sporadic usage of Valium proposed by the attending provider, thus, did conform to ACOEM principles and parameters. Therefore, the request was medically necessary.

1 basic metabolic panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects topic. Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of an applicant's CBC, renal function, and hepatic function is recommended in those individuals using NSAIDs. In this case, the applicant was using both Voltaren gel, a topical NSAID, and a variety of other medications which are processed in the liver and kidneys, including Norco, an opioid agent. Assessment of the applicant's renal and hepatic function to ensure that the same were compatible with currently prescribed medications was/is indicated. Therefore, the request was/is medically necessary.

1 hepatic functional panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs includes periodic assessment of an applicant's CBC and chemistry profile to include liver and renal function testing. Here, the applicant was/is using Voltaren, a topical NSAID, and was using a variety of other medications processed in the liver and kidneys, including Norco, an opioid agent. Assessment of the applicant's hepatic function to ensure that the applicant's current levels of hepatic function were consistent with the currently prescribed medication was/is, thus, indicated. Therefore, the request was/is medically necessary.