

Case Number:	CM15-0102285		
Date Assigned:	06/04/2015	Date of Injury:	11/28/1997
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 11/28/1997. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral neuritis unspecified and lumbago. Treatment and diagnostic studies to date has included medication regimen, home exercise program, and therapy. In a progress note dated 04/14/2015 the treating physician reports chronic low back pain with radiculopathy. The injured worker's current medication regimen includes Diazepam and Nucynta Extended Release. The treating physician noted that the injured worker has excellent relief from Nucynta Extended Release along with improvement with walking, sitting, working, and self-care. The treating physician also noted that use of the medication Nucynta Extended Release causes a 60% reduction in pain and also reduces depression, insomnia, and nausea. The injured worker was also noted to have a reduction of insomnia with use of the medication Diazepam. The treating physician requested Diazepam 5mg one by mouth daily with a quantity of 30 and the medication Nucynta Extended Release 50mg one by mouth daily with a quantity of 30 as needed for severe pain as prescribed on 04/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg, one po qd #30 prn severe pain rx 4/14/15: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 1997. She needs to be treated for chronic radiating back pain. Medications include Nucynta ER at a total MED (morphine equivalent dose) of less than 20 mg per day with a reported 60% decrease in pain. When seen, pain was rated at 7-10/10 without medications and 3-6/10 with medications. Urine drug screening had been consistent with the prescribed medications. Diazepam was being prescribed on a long-term basis. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition and therefore the continued prescribing of Valium was not medically necessary.

Nucynta ER 50mg, one po qd #30 prn severe pain rx 4/14/15: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 115; 47-49, Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Chapter, updated 03/18/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1997. She needs to be treated for chronic radiating back pain. Medications include Nucynta ER at a total MED (morphine equivalent dose) of less than 20 mg per day with a reported 60% decrease in pain. When seen, pain was rated at 7-10/10 without medications and 3-6/10 with medications. Urine drug screening had been consistent with the prescribed medications. Diazepam was being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Nucynta ER is a sustained release opioid often used for baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is 120 mg per day consistent with guideline recommendations. Therefore, the ongoing prescribing of Nucynta ER was medically necessary.