

Case Number:	CM15-0133081		
Date Assigned:	07/21/2015	Date of Injury:	09/21/2000
Decision Date:	09/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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 York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 43 year old female, who sustained an industrial injury on September 21, 2000. She reported neck pain, mid and low back pain and headaches. The injured worker was diagnosed as having post-laminectomy pain, status post failed IDET, status post microdiscectomy with pseudomeningocele repair, chronic daily headache syndrome, fibromyalgia, narcotic dependency, bilateral lower extremity radicular pain, reactionary depression and anxiety, narcolepsy/chronic fatigue syndrome and opioid dependency. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions of the lumbar spine, conservative care, Botox injections, medications and work restrictions. Currently, the injured worker complains of continued neck pain, mid and low back pain, daily headaches, anxiety and depression. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 7, 2015, revealed continued pain and frustration. She agreed to trial a weaning process from opioid medications however reported without medications she would be unable to perform activities of daily living. She rated her pain at 9 on a 1-10 scale without medications and at 6 on a 1-10 scale with 10 being the worst with medications. She signed an opioid contract. Medications were continued. Evaluation on May 26, 2015, revealed increased overall pain in the mid and low back. She noted temporary relief of headaches and decreased headache medicine with recent Botox injection. It was noted she recently required an increase in Norco from #75 tablets to # 90 tablets per prescription. She reported undergoing psychiatric treatment and feeling less anxiety with medications including Valium. She rated her

pain at 9 on a 1-10 scale with 10 being the worst without the use of medications and at 5 with medications. A low back brace, Norco 10/325 mg # 90 and Valium 10 mg #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for Norco is not medically necessary.

1 Low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 301.

Decision rationale: This injured worker has complaints of chronic back pain. Per the ACOEM, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in the treatment. The records do not substantiate the medical necessity for a low back brace. The request is not medically necessary.

Valium 10mg #30: Upheld

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

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

Decision rationale: Per the guidelines, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to valium to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the request is not medically necessary.