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| Case Number: | CM15-0137764 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 05/12/2006 |
| Decision Date: | 09/24/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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 51 year old male injured worker suffered an industrial injury on 5/12/2006. The diagnoses included chronic pain syndrome, depression, muscle pain, lumbar post-laminectomy syndrome, lumbar degenerative disc disease with radiculopathy and anxiety. The treatment included medications and spinal surgery. On 6/22/2015 the treating provider reported Low back and lower extremity pain. He continued to find the medications to be helpful and well tolerated. The pain without medications was 10/10 and with medications 8 to 9/10. On exam the lumbar spine was tender and increased pain with range of motion along with positive strength leg raise. He stated he was functional with medications use. The provider prescribed the Valium for anxiety. The urine drug screens were consistent. The injured worker had not returned to work. The requested treatments included Norco, Kadian and Valium 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Norco 10/325mg #120. The RFA is dated 06/22/15. Treatment history included lumbar surgery, physical therapy, and medications. The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 6/22/2015, the patient present with low back and lower extremity pain. He continued to find the medications to be helpful and well tolerated. The pain without medications was 10/10 and with medications 8 to 9/10. With medications he is able to enjoy activities with his family and participate in a HEP regularly. He is using Norco for breakthrough pain and Kadian for chronic severe pain. On exam the lumbar spine was tender and increased pain with range of motion along with positive strength leg raise. He stated he was functional with medications use. The urine drug screens were consistent on 04/28/15 and CURES was checked on 05/22/15. In this case, the 4A's have been addressed, and the request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

Kadian 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The current request is for Kadian 50mg #60. The RFA is dated 06/22/15. Treatment history included lumbar surgery, physical therapy, and medications. The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 6/22/2015, the patient present with low back and lower extremity pain. He continued to find the medications to be helpful and well tolerated. The pain without medications was 10/10 and with medications 8 to 9/10. With medications he is able to enjoy activities with his family and participate in a HEP regularly. He is using Norco for breakthrough pain and Kadian for chronic severe pain. On exam the lumbar spine was tender and increased pain with range of motion along with positive strength leg raise.

He stated he was functional with medications use. The urine drug screens were consistent on 04/28/15 and CURES was checked on 05/22/15. In this case, the 4A's have been addressed, and the request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Valium 5mg #120: Upheld

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

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

Decision rationale: The current request is for Valium 5mg #120. The RFA is dated 06/22/15. Treatment history included lumbar surgery, physical therapy, and medications. The patient is not working. ODG guidelines, under the Pain Chapter, regarding Benzodiazepine has 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." MTUS Guidelines under Benzodiazepines on page 24 states, "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per report 6/22/2015, the patient present with low back and lower extremity pain. He continued to find the medications to be helpful and well tolerated. The pain without medications was 10/10 and with medications 8 to 9/10. The provider prescribed Valium for anxiety. While it is evident that the patient suffers from some anxiety, both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. The requested #120 does not indicate short term use. Hence, this request is not medically necessary.