MAXIMUS Federal Services

Case Number:	CM15-0142229		
Date Assigned:	08/03/2015	Date of Injury:	04/11/2014
Decision Date:	09/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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 injured worker is a 45 year old male who sustained an industrial injury on 4-11-2014. He reported falling down stairs while carrying a heavy object resulting in injury to the back, neck, a lower extremity and upper extremity. The injured worker was diagnosed as having cervical intervertebral disc displacement without myelopathy, lumbar intervertebral disc displacement without myelopathy. He has remained off work since 8-15-2014. Treatment to date has included magnetic resonance imaging of the lumbar spine (6-30-2015), physical therapy, home exercise program, medications, CURES (8-15-2014), urine drug screening (7-22-2014), and magnetic resonance imaging of right shoulder (7-4-2014). On 3-30-2015, the injured worker reported pain to the neck, back, hand, finger, and arm. He indicated there were no changes, and that his medications had not been approved. He reported that he was recommended for cervical spine surgery and low back surgery. He indicated he sees another physician for his shoulder, and on 9-26-2014 he had an injection in the neck which provided him 50% relief. He denied relief from a lumbar injection. He reported that as of 12-18-2014 his neck pain recurred and he was in need of pain medications. He also indicated a recurrence of low back pain as of 3-30-2015. He indicated he is unable to take his son to school, drive 5 blocks or throw a ball due to pain when he is not on medications. He completed 12 sessions of physical therapy and stated he had functional improvement and better sleep. He indicated with physical therapy he was able to do housekeeping, and without it he cannot. He currently rates his neck pain as 3 out of 10, no pain to the right shoulder but has numbness and a bulge in the right shoulder. He indicated his back pain was aching with radiation into the bilateral lower extremities down to the feet. He rated his low back pain as 9 out of 10. He also reported headaches 4-5 days out of 7. He reported being able to perform activities of daily living but with pain. The treatment plan included: increasing

Ibuprofen as he prefers it over Percocet, 2nd cervical epidural steroid injection, physical therapy, continue home exercise program, neck and low back surgery. On 6-26-2015, he reported numbness and weakness to his legs after lying down. Current medications include: Valium, Norco, Ibuprofen, Ultram, and Prilosec. The pain medication gives 50% relief of pain and improves function. He displayed no aberrant drug-seeking behaviors. He has a noted PHQ9 score of 22, so a request for a psychiatrist consultation was made. The treatment plan included: Ibuprofen, orthopedic surgeon referral for the right shoulder, orthopedic consultation for the bilateral hands, ophthalmologist evaluation for his reported blurred vision, continue physical therapy, repeat lumbar epidural steroid injection. He is reported to have been given prescription for Valium and Norco when he went to the hospital. The records are unclear when Norco and Valium were originally prescribed. The records are also unclear regarding the reason Valium was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use Page(s): 74.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. The provider is following these recommendations and continued use of opioid preparations would be safe. However, the patient is already taking tramadol (Ultram) which is another short acting opioid preparation. There is no indication to add a second similar medication to the patient's drug regimen. The continued use of this medication is not medically necessary.

Diazepam 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 15 Stress Related Conditions Page(s): 25; 388, 402, Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants (for pain); Weaning of Medications Page(s): 24, 63-6, 124.

Decision rationale: Valium (diazepam) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anti-consultant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy and does not recommend its use at all as a muscle relaxant due to the patient's rapid development of tolerance and dependence. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. Use of benzodiazepines with opioid preparations is also not indicated as the combination can lower the lethal dose of opioids and can lead to death. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe weaning. The medical records do not give the indications for use of this medication in this patient. Considering all the above information continued use of this medication is not indicated. Weaning should be done. The continued use of this medication is not medically necessary.