MAXIMUS Federal Services

Case Number:	CM15-0192560		
Date Assigned:	10/06/2015	Date of Injury:	12/08/2010
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/30/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 49 year old female, who sustained an industrial injury on 12-8-10. She reported pain in the right buttock and paralumbar area. The injured worker was diagnosed as having post-laminectomy syndrome, chronic pain syndrome, and sleep disturbance. Treatment to date has included lumbar spine surgery on 5-29-12, acupuncture, physical therapy, TENS, chiropractic treatment, nerve blocks, epidural injections, a functional restoration program, massage, and medication including Gabapentin, Valium, Fentanyl, and Norco. Physical examination findings on 8-24-15 included restricted lumbar range of motion due to pain and tenderness of lumbar paravertebral muscles to palpation. A straight leg raise test was positive on the right. Tenderness was also noted over the sacroiliac spine. Light touch sensation was decreased over the lateral calf, medial thigh, and lateral thigh on the left side. Hyperesthesia was present over the medial thigh and lateral thigh on the right side. On 7-17-15 and 8-24-15 pain was rated as 8 of 10. The injured worker had been taking Valium since at least April 2015 and Norco since at least September 2012. On 8-24-15, the injured worker complained of low back pain with radiation to the right hip and right leg. Poor sleep quality was also noted. On 8-24-15 the treating physician requested authorization for Valium 5mg #30 and Norco 10-325mg #180. On 9-3-15, the request for Valium was modified to certify a quantity of 23 and Norco was modified to certify a quantity of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. MTUS 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. ODG states regarding benzodiazepines, the potential for adverse outcomes increases with concurrent prescribing of medications with sedative properties; thus, concomitant prescribing of opioids, Tramadol, Benzodiazepines, and other sedating medications (such as H1 blocker antihistamines) is not recommended Records indicate that the patient has been on Valium in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for why this patient should continue to be on Valium. As such, the request for Valium 5mg #30 is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325mg #180 is not medically necessary.