

Case Number:	CM15-0204074		
Date Assigned:	10/20/2015	Date of Injury:	11/01/2007
Decision Date:	12/04/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 63 year old male, who sustained an industrial injury on 10-1-2007. The injured worker was being treated for displacement of lumbar intervertebral disc without myelopathy, lumbar postlaminectomy syndrome, disorder of trunk. Medical records (7-2-2015, 7-30-2015, and 8-27-2015) indicate ongoing low back and bilateral lower extremity pain with continued post-op pain and stiffness. The medical records (7-2-2015, 7-30-2015, and 8-27-2015) show the subjective pain rating decreases from 7-8 out of 10 to 3-4 out of 10. The medical records indicate medications significantly assist activities of daily living, mobility, and restorative sleep. The physical exam (7-2-2015, 7-30-2015) reveals an antalgic gait with cane. The lumbar flexion was 20 degrees, extension was 15 degrees, left rotation of 20 degrees, right rotation of 20 degrees, and pain with motion. The physical exam (8-27-2015) reveals an antalgic gait with cane. The lumbar flexion was 40 degrees, extension was 25 degrees, left rotation of 30 degrees, right rotation of 35 degrees, and pain with motion. There was decreased sensation of the right knee and medial leg (lumbar 4) and decreased sensation of the left lateral leg and left foot. Per the treating physician (8-27-2015 report), a pain management agreement has been signed by the injured worker. The urine drug screen dated 7-30-2015 indicated positive findings for Temazepam and Oxazepam. The urine drug screen dated 8-27-2015 indicated negative findings for all drugs tested. Surgeries to date have included redo lumbar 4 laminectomy, laminectomy at lumbar 2 and 3, and lumbar 2-3 and lumbar 3-4 extreme lateral interbody fusion (XLIF) and posterior fusion on 5-28-2015. Treatment has included medications including Percocet and Soma. On 9-13-2015, the requested treatments included Norco 10-325mg, Diazepam 10mg, and follow up visits. On 9-18-2015, the original utilization review non-certified requests for Norco 10-325mg, Diazepam 10mg, and follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/27/15. Therefore, the request is not medically necessary.

Diazepam 10mg #75: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "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." In this case there is no rationale from the exam note of 8/27/15 why Valium is required. Therefore, the request for Valium is not medically necessary and is not certified.

Follow up visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back / office visits.

Decision rationale: CA MTUS is silent on the subject of office visits. The ODG-TWC recommends follow-up as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the treating health care provider does not provide a rationale for the continued follow-up visits and thus the request is not medically necessary.