

Case Number:	CM15-0031846		
Date Assigned:	02/25/2015	Date of Injury:	06/29/2007
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 38-year-old male; with a reported date of injury of 06/29/2007. The diagnoses include degeneration of the cervical intervertebral disc, pain in the shoulder joint, pain in the limb, and unspecified disorder of the muscle, ligament, and fascia. Treatments have included oral medications, heat, ice, gentle stretching and exercise, an MRI of the right shoulder on 02/19/2009, an MRI of the right knee on 02/18/2009, and an MRI of the cervical spine on 06/10/2008. The medical report dated 01/22/2015 indicates that the injured worker had right shoulder, right knee, and low back pain. He reported stiffness of the neck and clicking of his right shoulder. The injured worker rated his pain 9 out of 10 without medications and 6 out of 10 with medications. It was noted that the medications were beneficial, with no reported side effects or abnormal behaviors. The pain interfered moderately to severely with daily activities and overall function. The physical examination showed tenderness and spasm with palpation of the bilateral cervical spine, restricted cervical range of motion, painful to touch and move in the right knee medial and lateral joint, tenderness to palpation of the right shoulder, and restricted right shoulder abduction. The treating physician requested Norco 10/325mg #180, Valium 10mg #90, and Oxycodone IR 15mg #240 to keep the pain manageable, and to help complete the necessary activities of daily living. The medical records provided for review included several urine drug-screening reports. On 02/03/2015, Utilization Review (UR) denied the request for Norco 10/325mg #180, one tablet by mouth every four to six hours as needed; Valium 10mg #90, one tablet by mouth three times a day; and Oxycodone IR 15mg #240, one to two tablets by mouth every three to four hours as needed. The UR physician noted that there was no

documentation of complete pain assessments, functional status, and appropriate medication use; no documentation of when the injured worker started taking Valium and no documentation of functional improvement with this medication. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are degeneration cervical intervertebral disc; pain in joints involving shoulder region; pain in limb; and unspecified disorder of muscle, ligament and fascia. Subjectively, the injured worker has chronic neck pain and low back pain unchanged from the prior visit. Pain is 9/10 without medications and 6/10 with medications. Objectively, there is significant tenderness and spasm with palpation bilaterally of the lumbar paraspinal muscles. Documentation indicates Norco was prescribed in July 2014. There are no risk assessments in the medical record. There are no detailed pain assessments (indicated for ongoing opiate use) in the medical record. There is no documentation with objective functional improvement as it relates to Norco to gauge Norco's efficacy. A urine drug toxicology screen was performed September 26, 2014 that was inconsistent. Methamphetamine was present in the UDS. The treating physician in the record did not address the inconsistency. Consequently, absent clinical documentation with objective functional improvement, pain and risk assessments and an inconsistent UDS, Norco 10/325 mg #180 is not medically necessary.

Valium 10 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10 mg # 90 is not medically necessary. Benzodiazepines are 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 four weeks. In this case, the injured worker's working diagnoses are degeneration cervical intervertebral disc; pain in joints involving shoulder region; pain in limb; and unspecified disorder of muscle, ligament and fascia. Subjectively, the injured worker has chronic neck pain and low back pain unchanged from last visit. Pain is 9/10 without medications and 6/10 with medications. Objectively, there is significant tenderness and spasm with palpation bilaterally. There was lumbar spine decreased range of motion. The documentation shows the Valium was prescribed by the treating physician as far back as July 24, 2014. Valium is not recommended for long-term use (longer than two weeks). The treating physician has exceeded the recommended guidelines without compelling clinical documentation to support its use. Consequently, absent compelling clinical documentation to support long-term use of Valium in contravention of the recommended guidelines not to exceed longer than two weeks, Valium 10 mg #90 is not medically necessary.

Oxycodone IR 15 mg, 240 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone IR 15 mg #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are degeneration cervical intervertebral disc; pain in joints involving shoulder region; pain in limb; and unspecified disorder of muscle, ligament and fascia. Subjectively, the injured worker has chronic neck pain and low back pain unchanged from last visit. Pain is 9/10 without medications and 6/10 with medications. Objectively, there is significant tenderness and spasm with palpation bilaterally. There was lumbar spine decreased range of motion. The documentation shows the injured worker was taking Oxycodone IR 15 mg as far back as July 24, 2014. There is no documentation containing objective functional improvement as it relates to oxycodone IR 15 mg. There are no detailed pain assessments and there were no risk assessments in the medical record. A urine drug toxicology screen was performed (September 26, 2014) that was inconsistent. Methamphetamine was present in the urine specimen. The inconsistency was not addressed by the treating provider in the medical record. Consequently, absent clinical documentation with objective functional improvement, pain assessments and a risk assessment, a

grossly inconsistent urine drug toxicology screen, Oxycodone IR 15 mg #240 is not medically necessary.