

Case Number:	CM15-0088204		
Date Assigned:	05/12/2015	Date of Injury:	10/08/1999
Decision Date:	06/15/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury on 10/08/1999. Mechanism of injury was a backhoe backed into him, knocking him down. He did lose consciousness and suffered a head trauma. He also suffered a right knee injury, right upper extremity injury and cervical spine injury. Diagnoses include osteoarthritis of the knee, cervicgia, post laminectomy syndrome of the cervical spine, organic brain syndrome, post-concussive syndrome, degenerative disc disease and headaches, lumbar degenerative disc disease and herniated nucleus pulposus, and patellar tendonitis. Treatment to date has included diagnostic studies, medications, psychotherapy, electrical stimulation, Botox injections, and home exercise program, past knee injection with significant pain improvement. A physician progress note dated 03/20/2015 documents the injured worker has neck pain associated with numbness of all five digits and clumsiness and weakness right greater than left. With his medications and Botox injections his pain is rated a 1 out of 10 and without medications and Botox is rated as 7-8 out of 10. He has right knee pain and he is having buckling without warning so that he almost falls. He has an injection pending. He has pain and swelling that has persisted and increased. His problems with anger, impulsivity, sequencing and social awareness have improved. His neck reveals tight trapezius, and decreased range of motion with almost no extension. His back reveals still positive iliolumborum and lumbosacral. In soft tissue not bone, above the iliac crest posterior and to the left. He hobbles a bit with ambulation. He has swelling, crepitation and limited flexion, and lateral positive medial joint line pain. He has numbness of the top more than the bottom of the left foot with all toes involved. There is decreased sensation to both upper

extremities-right about 25%, and left about 50% diffusely. Cervical Magnetic Resonance Imaging done on 10/18/2013 reveals interval development of broad-based central disk protrusion at C2-C3, acquired degenerative changes a C6-7 with stable narrowing of AP diameter the central canal to mm. There is solid interbody fusion from C4-5, through C5-6. Mixed type I and type II degenerative end plate changes at C6-7, which are less pronounced when, compared with the prior study. A Magnetic Resonance Imaging of the right knee done on 01/2014 reveals a previous right medial compartmental hemiarthroplasty with anatomic position and alignment. There is potential neck surgery pending. Valium helps with spasms, and Norco helps with pain. Norco can usually be decreased after Botox injections. Treatment requested is for Norco 10/325mg #120 with 1 refill, and Valium 2mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

Decision rationale: CA MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. 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, the claimant has been treated with Xanax for longer than the recommended 4 weeks. Ongoing use of Valium is not medically indicated.

Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.

