

Case Number:	CM15-0088656		
Date Assigned:	05/12/2015	Date of Injury:	11/01/2007
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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 63 year old male, who sustained an industrial injury on November 1, 2007. He reported low back pain and lower extremity pain, worse on the left. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, post-laminectomy syndrome of the lumbar spine and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included Radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative care, medications and work restrictions. In PR-2 on 4/9/2015 the injured worker complained of continued low back pain radiating into the bilateral lower extremities, worse on the left. It was noted the medications allowed the patient to remain functional, improved sleep and reduced the pain from 8/10 to 3/10. Additionally it noted the patient has been authorized for surgical removal of hardware in the lumbar spine. Exam showed normal mood, normal gait, decreased lumbar range of motion and with pain on motion, normal strength in lower extremities, diminished right patellar and left ankle reflexes and diminished sensation in left L4 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60: 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): Ch 2 pg 25; Chp 15 pg 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, anticonvulsant 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. This patient has no diagnosis appropriate for use of this medication and there is no documentation of muscle spasms yet the patient has been using muscle relaxant medications continuously for over 6 months. Muscle relaxant therapy is not indicated for long-term daily use. Additionally, 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 request for use of this medication has not been established and is not medically necessary.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic), Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Carisoprodol; Muscle relaxants (for pain); Weaning of Medications Page(s): 29, 63-5, 124.

Decision rationale: Carisoprodol is a centrally acting skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, Carisoprodol is not recommended by the MTUS for use to treat pain as it is metabolized to meprobamate, a barbiturate and a schedule-IV controlled substance. If this medication is used, it is only indicated for short-term use. This patient has been on carisoprodol therapy for over 6 months. There is no indication to continue use of this medication. Since a withdrawal syndrome has been associated with use of this medication weaning is recommended. The request for continued use of this medication has not been established and is not medically necessary.

Norco 10/325mg #160: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP.

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 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. This is the crux of the decision for use of this medication. First-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have been tried and were not helpful in controlling pain. Additionally, the provider has documented beneficial effects of decreased pain and increased function from use of this medication. Finally, the risk with chronic opioid 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 prevent iatrogenic morbidity and mortality. The provider has been following this criteria. Considering all the above, the request for continued use of Norco has been established and is medically necessary.