

Case Number:	CM14-0121003		
Date Assigned:	08/06/2014	Date of Injury:	05/07/2008
Decision Date:	10/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who reported an injury on 05/07/2008. The mechanism of injury was not submitted for clinical review. The diagnosis was not submitted for clinical review. The previous treatments were not submitted for clinical review. Within the clinical note dated 03/19/2014 it was reported the injured worker stated she was feeling "alright." Upon physical examination, the provider noted the injured worker was to start medication for anxiety, and the injured worker was agreeable. The clinical documentation submitted was illegible. The request submitted is for Norco, Valium, naproxen, Ambien, Motrin, CBC, CMP, HBA 1C, and UA. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, every 8 hours Quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain/ongoing management.Opiods Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the provider failed to document an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.

Valium 10mg, (QD) every day, Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain/ongoing management. Benzodiazepines.

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

Decision rationale: The California MTUS Guidelines do not recommend Valium for long term use due to long term efficacy being unproven and the risk of dependence. The guidelines also recommend limiting use of Valium to 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The injured worker has been utilizing the medication since at least 03/2014, which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.

Naproxen 550mg, BID, (two times a day) Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-67.

Decision rationale: The California MTUS Guidelines note naproxen is a non-steroidal anti-inflammatory drugs for the relief of signs and symptoms of osteoarthritis. The guidelines recommend naproxen at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The clinical documentation submitted did not indicate the injured worker is treated for osteoarthritis. Therefore, the request is not medically necessary.

Ambien 10mg, QHS, Quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem

Decision rationale: The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term treatment, usually 2 to 6 weeks of insomnia. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 03/2014, which exceeds the guidelines' recommendation of short term use of 2 to 6 weeks. Additionally, there is a lack of documentation indicating the injured worker was treated for insomnia. Therefore, the request is not medically necessary.

Motrin 800mg, BID, Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The California MTUS Guidelines note Motrin/ibuprofen is used for osteoarthritis with an off label use for ankylosing spondylitis. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, there is a lack of clinical documentation indicating the injured worker is treated for or diagnosed with osteoarthritis. Therefore, the request is not medically necessary.

CBC, CMP, HbA1c, U/A: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Preoperative Labs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effectsUrine Drug Test Page(s): 70, 43.

Decision rationale: The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile, including liver and renal function tests. The guidelines recommend measuring transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after the treatment duration has not been established. Routine blood pressure monitoring is, however, recommended. In addition, the Official Disability Guidelines note blood glucose self-monitoring is recommended for people with type 1 diabetes, as well as those with type 2 diabetes, or who are insulin dependent. Long term assessment is most often by an A1C. Additionally, the California MTUS Guidelines note urine drug screens are used as an option to assess for the use or the presence of illegal drugs. They may also be used in conjunction with a therapeutic trial of opioids for ongoing management and screening for risk of misuse and addiction. The provided

documents do not indicate the injured worker displayed any aberrant drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. The request submitted far exceeds the recommended 4 to 8 week time the guidelines recommend after starting therapy. The clinical documentation submitted did not indicate the injured worker was treated for diabetes. Therefore, the request is not medically necessary.