

Case Number:	CM14-0086918		
Date Assigned:	07/23/2014	Date of Injury:	02/05/2008
Decision Date:	10/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 51 year old female who was injured cumulatively leading up to 2/5/2008. She was diagnosed with unspecified arthropathy and pain in joint of the lower leg (right knee). She was treated with physical therapy, cognitive behavioral therapy, walker, antidepressants, opioids, and benzodiazepines. The worker was seen by her pain specialist provider on 4/17/2014, when she complained of continual right knee pain as well as feeling overwhelmed and depressed. She reported using Vicodin, Cymbalta, and Valium, all of which she had been using for at least six months prior. She was recommended she restart cognitive behavioral therapy and continue her current medications at the same doses as she had been using.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5-300 mg tablet Quantity 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that

for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not enough evidence that this complete review was performed at each of her office visits leading up to this request for her Vicodin use. There was no report on her pain level or functional benefits related to the Vicodin use. Without this documentation of benefit, the Vicodin is not medically necessary.

Valium 5 mg tablet quantity 60 with 1 refill: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, she had used Valium chronically for many months leading up to this request, which is not recommended for this type of medication. Also, no evidence of benefit of Valium on her overall function was documented for review to consider her an exception to this general rule. Therefore, the Valium is not medically necessary.