

Case Number:	CM14-0117702		
Date Assigned:	08/08/2014	Date of Injury:	09/25/1996
Decision Date:	07/02/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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: Texas, New York, 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 applicant is a represented 62-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 25, 1996. In a Utilization Review report dated July 3, 2014, the claims administrator partially approved a request for Valium, denied a request for Opana, and denied a request for Norco. The claims administrator referenced a July 2, 2014 RFA form and associated progress note of June 13, 2014 in its determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Suboxone, Soma, Celebrex, and Neurontin, it was acknowledged. The applicant had undergone an earlier failed lumbar spine surgery, it was suggested. The attending provider suggested that the applicant discontinue Soma. The applicant's work status was not detailed. On January 5, 2014, the applicant reported ongoing complaints of low back pain, hand pain, and foot pain. 7 to 8/10 pain complaints were reported. The applicant had undergone earlier failed spine surgery. The applicant was on both hydrocodone and oxycodone, it was reported. On June 25, 2014, the applicant again reported ongoing complaints of low back pain radiating to the legs. The applicant developed derivative complaints of depression, it was reported. Opana, Norco, and Valium were continued and/or renewed. The applicant's work status was not detailed, although it did not appear that the applicant was working. The attending provider noted that the applicant had poor function, including reported inability to ride a motorcycle, take care of his garden, and the like. The applicant was keeping his activities of daily living to a bare minimum, it was reported. On May 20, 2014, the attending provider suggested that the applicant consider a behavioral health consultation. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, chronic.

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

Decision rationale: No, the request for Valium, a benzodiazepine agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use purposes, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, muscle relaxant effect with most guidelines limiting usage of the same to four weeks. Here, it was suggested (but not clearly stated) that Valium was being employed for muscle relaxant effect. However, the 60 tablet, 3-refill supply of Valium at issue represents treatment in excess of the four-week cap set for benzodiazepine usage on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on multiple office visits, referenced above, suggesting that the applicant was, in fact, off of work. The applicant was consistently described as having difficulty performing basic activities of daily living including gardening, performing hobby such as motorcycle riding, reporting 7/10 pain complaints, worsening progressively over time, etc. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.

Opana 20mg ER #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Opana, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on multiple office visits, referenced above, suggesting the applicant was, in fact, off of work. The applicant's function and pain complaints were consistently described as worsening over time. The attending provider failed to outline meaningful or material improvements in function effected as a result of ongoing Opana usage. Therefore, the request was not medically necessary.