

Case Number:	CM14-0214457		
Date Assigned:	01/07/2015	Date of Injury:	02/15/1996
Decision Date:	02/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey
 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 worker is a 53 year old female who was injured on 2/15/96 involving her low back, left wrist, and left knee. She was diagnosed with lumbar disc herniation, knee arthritis, and patellofemoral chondromalacia. She was treated with physical therapy, medications (including Valium, Ambien, NSAIDs, and hydrocodone), surgery (lumbar laminectomy, fusion), and lumbar epidural injection. She was able to return to full duty at work. On 11/20/14, as seen in a very brief and hand-written progress note, the worker was seen by her primary treating physician, reporting continual pain and stiffness in her low back. She reported taking hydrocodone and Ambien. Physical findings included tenderness of lumbar area and reduced range of motion of the lumbar spine. She was then recommended to take diazepam, hydrocodone, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg QTY: 60: 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. The worker in this case had been treated with Valium for at least many months prior to this request, however, there was no recent documentation to show any functional improvement with its prior use. Regardless, this type of medication is not recommended for chronic use, and therefore, will not be considered medically necessary to continue.

Hydrocodone 10/325mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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 evidence of chronic use of hydrocodone leading up to this request, however, there was insufficient evidence of the required review stated above having been completed recently, which is required before consideration for continuation of hydrocodone can be considered. There was no documented evidence in the recent notes showing measurable functional gains directly from the hydrocodone use. Therefore, without this evidence of benefit, the hydrocodone will be considered medically unnecessary to continue.