

Case Number:	CM14-0215585		
Date Assigned:	01/05/2015	Date of Injury:	02/01/2001
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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: California, Massachusetts

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 53 year old medical clerk who sustained an industrial injury when he slipped and fell while at work on 02/01/01 resulting in multiple lower extremity complaints including bilateral knees and hip pain. He underwent bilateral hip replacement in 09/2003 and 02/2004. Lumbar MRI from 02/04/13 showed L3-4 left sided annular tear at lateral recess and foraminal level which could be causing L3 and L4 level radiculopathy. There is also moderate right L3-S1 fact arthropathy. According to recent clinic notes, he was seen by pain management on 02/13/14 at which point he rated pain as being 8/10 without medications and poor function capacity (difficultly getting out of bed) and 1-2/10 pain with medications and that he is able to do more activiites of daily living with medication. Plan is to continue MS Contin 30mg twice daily , Norco 5/325mg twice daily and valium 10mg once daily. According to more recent clinic note from 11/14/14 he reports continued persisent lower back and right hip pain which is improved to 2/10 pain level with medications. On physical exam he has tenderness at the medial aspect of right knee with positive McMurray exam. There is tenderness to palpation at greater trochanter and decreased lumbar range of motion. Plan is to continue with valim, MS Contin and Norco twice daily for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #30: 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: According to the MTUS guidelines, benzodiazepines such as the above medication are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 week. Additionally, the guidelines state that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently the medical records and cited guidelines do not support continued use of this medication at this time.

MS Contin ER 30mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Morphine Sulfate ER Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines state that opioids may be appropriate for long-term management of chronic moderate and severe pain when there is documented evidence of improvement. The MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is clinical evidence describing quantifiable improvement with ongoing use of long and short acting opioids such as the prescribed medication. VAS score have notably improved and there is documented improvement of functional capacity. Additionally there is no mention of adverse drug effects, dependence, aberrant behavior and UDS have been appropriate. Consequently continued use of long acting opioids is supported by the medical records and guidelines as being medically necessary.

Norco 325/5mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Vicodin; generics available) Page(s): 9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 79-96.

Decision rationale: CA MTUS guidelines state that opioids may be appropriate for long-term management of chronic moderate and severe pain when there is documented evidence of improvement. The MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is clinical evidence describing quantifiable improvement with ongoing use of long and short acting opioids such as the prescribed medication. VAS score have notably improved and there is documented improvement of functional capacity. Additionally there is no mention of adverse drug effects, dependence, aberrant behavior and UDS have been appropriate. Consequently continued use of short acting opioids is supported by the medical records and guidelines as being medically necessary.