

Case Number:	CM15-0013712		
Date Assigned:	02/02/2015	Date of Injury:	04/01/2013
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on 4/1/13. She has reported back pain. The diagnoses have included knee strain/sprain, degenerative disc disease of lumbar spine, lumbar radiculitis and chronic pain syndrome. Treatment to date has included brace to right knee, cane for ambulation and oral pain medications. (MRI) magnetic resonance imaging of right knee and lumbar spine were performed on 10/14/14. Currently, the injured worker complains of low back pain radiating to both lower extremities and feet also right knee pain. Spasms were noted on exam dated 12/3/14 of paraspinal muscles of lower lumbar spine with pain in the spinous processes. Range of motion remains limited in all planes; crepitus is noted in the right knee and decreased sensation to touch in both calves and feet. She stated Norco decreases the pain to where she can walk longer and perform household chores. On 1/9/15 Utilization Review non-certified Norco 10/325 3 times per day #100 and Valium 5mg daily #45, noting weaning was previously recommended, no further considerations should be required. The MTUS, ACOEM Guidelines, was cited. On 1/23/15, the injured worker submitted an application for IMR for review of Norco 10/325 3 times per day #100 and Valium 5mg daily #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 6 years status post work-related injury and continues to be treated for chronic right knee and low back pain. Medications include Norco and Valium. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain and, in this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Valium 5 mg #45: Upheld

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

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

Decision rationale: The claimant is nearly 6 years status post work-related injury and continues to be treated for chronic right knee and low back pain. Medications include Norco and Valium. Valium (diazepam) is a benzodiazepine which is not recommended for longer-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of his condition and therefore the continued prescribing of Valium was not medically necessary.