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| Case Number: | CM15-0110245 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 12/08/1994 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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: California

Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 12/8/94. The diagnoses have included chronic cervical post laminectomy syndrome and lumbar post laminectomy syndrome. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/6/15, the injured worker complains of pain in the low back and medication re-fills. The objective findings reveal antalgic gait, lumbar spine tenderness and moderate pain with motion. The current medications included Zanaflex, Norco, Lidoderm patch, Diazepam, and Amitriptyline. The urine drug screen dated 10/29/14 was consistent with the medications prescribed. The physician requested treatments included 1 prescription of Norco 10/325mg #90 and 1 prescription of Diazepam 10mg #7.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets criteria for recommendation. Pt has documented improvement in pain from 8/10 to 5/10 with documented improvement in function and ADLs. There is appropriate monitoring for side effects and monitoring for abuse with appropriate urine drug screen. Patient has chronic painful pathology that will not likely immediately improve. While a long acting opioid may be more appropriate, continued use of Norco is medically indicated and appropriate.

1 prescription of Diazepam 10mg #7: 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: Diazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if diazepam is being used for pain, sleep or anxiety. Patient has been on this medication intermittently for years and uses only a limited number a month. However, documentation does not support any indication for use of this medication Diazepam is medically necessary.