

Case Number:	CM15-0128898		
Date Assigned:	07/15/2015	Date of Injury:	02/01/2003
Decision Date:	08/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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 52 year old female, who sustained an industrial injury on 2/1/2003. The mechanism of injury is unknown. The injured worker was diagnosed as having complex regional pain syndrome of the upper extremity. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/7/2015, the injured worker complains of right hand pain, rated 7/10. Physical examination showed right forearm flexion and hand in the claw position. The treating physician is requesting Norco 10/325 mg #240, Methadone 10 mg #450 and Valium 10 mg #90. A progress report dated December 15, 2014 indicates that the patient's pain is 40% reduced with medications. No adverse reactions are noted and no medications have been prescribed by an outside provider. Notes indicate that the patient takes methadone 10 mg tablets 5 every 8 hours, Norco 2 tablets every 6 hours, and Valium 10 mg 3 times a day for spasm. It appears the patient may also be taking baclofen for spasm. The note goes on to state that without the medication the patient would be unable to function and quality of life would be even less than it is currently. The patient is in compliance with Department of Justice and Bureau of Narcotic Enforcement, and a random urine drug screen was requested. The benefits and risks of medication including death have been discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325 mg #240, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco 10/325 mg #240 is medically necessary.

Methadone 10 mg #450: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Methadone 10 mg #450, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that this is an exceptionally high dose. Additionally, it is unclear if the patient has undergone EKG testing to evaluate for QT prolongation. A one-month prescription should allow time to better document whether that has been performed. In light of the above, the currently requested Methadone 10 mg #450 is medically necessary.

Valium 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines 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 weeks? Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant". Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Additionally, it appears that this medicine is being prescribed for spasm. There is no documentation indicating what muscle relaxant and antispasmodic medication has failed prior to utilizing Valium off-label for the treatment of spasticity. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.