

Case Number:	CM15-0171631		
Date Assigned:	09/11/2015	Date of Injury:	12/23/1998
Decision Date:	10/19/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 60 year old male who sustained an industrial injury on 12-23-98. Diagnoses per the record dated 7-27-15 are Sciatica and postlaminectomy syndrome of the lumbar region. In a visit note dated 4-15-15, the physician reports in 1999 his herniated lumbar disc required a laminectomy and what has persisted is low grade back pain with some right sided lower extremity and hip radiculopathy. "Rare flare ups occur that incapacitate him for a short while, but for the most part has remained functional with limited use of medications." In an emergency department report dated 7-22-15, the injured worker notes he has had intermittent back pain since 1998 when he injured his back and that he has had exacerbation of pain that started 2 weeks ago. Straight leg raise is positive on the left. In a visit note dated 7-27-15, the treating physician reports the injured worker is being seen for complaints of excruciating back and leg pain which sent him to the emergency room on 7-22-15. Current medications are Cialis, Effexor XR, Ropinirole HCL, Metaxalone, Naproxen, Valium, and Norco. Previous history noted is lumbar spine surgery in 1999, left sciatica in 2013, and increasing bouts of dysethesias in left leg since early 2015. An MRI dated 9-5-13 reveals L5-S1 laminectomy and microdiscectomy; large central disc protrusion L2-L3; severe narrowing of central canal and impingement on descending nerve roots. An anxiety disorder is noted and that he has never been seen by psych. The plan is for a referral to evaluate the left sciatica and back pain, MRI, and back exercises. It is noted that pain medications help very little when the sciatica occurs. The requested treatment of Toradol 60mg injection times 1 was certified on 8-21-15 and the requested treatment of Norco 10-325mg #90 and Valium 10mg #60 was non-certified on 8-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.

Valium 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. As the treatment is not recommended for long-term use, the request is not medically necessary.