

Case Number:	CM15-0172413		
Date Assigned:	09/14/2015	Date of Injury:	06/06/2010
Decision Date:	10/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 June 6, 2010. She reported bilateral shoulder pain, bilateral upper extremity pain. The injured worker was diagnosed as having spondylosis with myelopathy in the thoracic region, degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, unspecified disorder of muscle, ligament and fascia, cervicgia, myalgia and myositis, unspecified nerve root and plexus disorder and rule out thoracic outlet disorder. Treatment to date has included diagnostic studies, ice, heat, rest, home exercises and medications. Currently, the injured worker continues to report neck pain, thoracic pain, interscapular pain and bilateral upper extremity pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on May 21, 2015, revealed continued pain as noted. Medications including Valium, Norco and Restoril were continued. Evaluation on August 10, 2015, revealed continued pain as noted. She rated her pain with the use of medications at 5 and without the use of medications at 8 on a 1-10 scale with 10 being the worst. It was noted the pain medication management regimen allowed her to continue to perform activities of daily living however she noted the pain generally interferes severely with the daily activities and overall function. She noted she had an allergy to Vicodin and Morphine and that Percocet made her "weird". She reported no nausea or constipation. It was noted she had no radiculopathy on August 10, 2015. Thoracic magnetic resonance imaging (MRI) on January, 2010, revealed minor ridging, slight fluttering of the ventral surface of the cord in association, disc osteophytes and joint spurs. The

RFA included requests for Norco 10/325mg #90, 1 orally 3 times a day, no refills, Restoril 30mg #30, orally QHS, with 3 refills and Valium 10mg #60, 1 orally twice a day, no refills and was modified on the utilization review (UR) on August 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90, 1 orally 3 times a day, no refills: 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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. Pain score reductions were stable. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Norco is not medically necessary.

Valium 10mg #60, 1 orally twice a day, no refills: 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: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Valium for several months in combination with another Benzodiazepine- Restoril. Long-term use of Valium for spasm is not recommended. Continued and chronic use of Valium is not medically necessary.

Restoril 30mg #30, orally QHS, with 3 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 64.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. According to the ODG guidelines, treatment should be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant was on Restoril for several months in combination with another Benzodiazepine- Valium. Long-term use of Valium for spasm Restoril for insomnia is not recommended. There is no mention of failure of behavioral interventions. Continued and chronic use of Restoril is not medically necessary.