

Case Number:	CM15-0176513		
Date Assigned:	09/16/2015	Date of Injury:	06/13/2013
Decision Date:	11/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, 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:

This injured worker is a 51-year-old male, who sustained an industrial injury on 06-13-2013. The injured worker was diagnosed as status post C5-C6 disc replacement 09-30-2014, improving radiculopathy and radiculitis, improving neck pain and left shoulder rotator cuff-improving postoperatively from the prior shoulder surgery. On medical records dated 07-30-2015, subjective complaints were noted as having significant improvement after finishing physical therapy. Objective findings were noted as cervical spine having a well-healed scar. Decreased pain to palpation was noted and range of motion was limited secondary to pain. The injured worker was noted to be able to work full duty. Treatment to date included medication, bracing, physical therapy for the neck, surgical intervention, shoulder steroid injections. Current medication was listed as Norco, Tramadol, and Valium. The injured worker has been taking Norco since at least 01-2015. The two Utilization Reviews (UR) were dated 08-07-2015. The UR submitted for this medical review indicated that the request for Valium 5mg one every 12 hours #20 was non-certified and Norco 10-325mg on every hours #120 was modified. Per the note dated 6/22/15, the patient had complaints of pain in neck with numbness and weakness in arm and worsening of stiffness. Physical examination of the cervical spine revealed limited range of motion and tenderness on palpation. The patient has had UDS 2-3 per year which were consistent and compliant. The patient has had X-ray of the cervical spine on 3/11/15 that revealed good position of implant; MRI of the cervical spine on 6/28/13 that revealed disc protrusions, and cord compression; EMG revealed cervical radiculopathy. The medication list include Tramadol,

Valium and Norco. A recent detailed psychiatric examination was not specified in the records provided. The patient has had a history of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg one q12h #20: 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) Chapter: Mental Illness & Stress (updated 09/30/15) Benzodiazepine.

Decision rationale: Request- Valium 5mg one q12h #20. Valium contains diazepam, which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines, 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. 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." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence, does not alter stressors or the individual's coping mechanisms, and is therefore not recommended. Response to other measures for insomnia/anxiety is not specified in the records provided. A recent detailed psychiatric examination was not specified in the records provided. The medical necessity of Valium 5mg one q12h #20 is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the request is not medically necessary.

Norco 10/325mg one q8h #120: Overturned

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: Norco 10/325mg one q8h #120. This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects..." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain.." The injured worker was diagnosed as status post C5-C6 disc replacement 09-30-2014, improving radiculopathy and radiculitis, improving neck pain and left shoulder rotator cuff-improving postoperatively from the prior shoulder surgery. Patient had complaints of pain in neck with numbness and weakness in arm and worsening of stiffness. Physical examination of the cervical spine revealed limited range of motion and tenderness on palpation. The patient has had UDS 2-3 per year which were consistent and compliant. The patient has had X-ray of the cervical spine on 3/11/15 that revealed good position of implant; MRI of the cervical spine on 6/28/13 that revealed disc protrusions, and cord compression; EMG revealed cervical radiculopathy. Patient has had a trial of tramadol for this injury. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 10/325mg one q8h #120 is medically necessary and appropriate in this patient.