

Case Number:	CM15-0179660		
Date Assigned:	09/21/2015	Date of Injury:	05/28/2009
Decision Date:	10/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 28, 2009. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve requests for Norco and Valium. The claims administrator referenced an RFA form received on August 4, 2015 and an associated progress note of July 27, 2015 in its determination. The applicant's attorney subsequently appealed. On August 31, 2015, the applicant was asked to remain off of work, on total temporary disability. Multifocal complaints of neck and low back pain were reported. The applicant developed a left leg wound of some kind. Norco was endorsed. The applicant was asked to wean off of the opioids as tolerated. The applicant was described as having undergone recent incision and drainage of left leg wound. The applicant was exuding visible serosanguinous discharge in the clinic, it was reported. In an earlier note dated July 20, 2015, Norco and Valium were endorsed. It stated the applicant was using Valium for antispasmodic effect. The applicant was pending left leg surgery to ameliorate a soft tissue infection of the same.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines Norco or Hydrocodone-acetaminophen is indicated in the treatment of moderate-to-moderately severe pain. Here, the applicant was described as pending leg incision and drainage procedure on July 27, 2015. The applicant had undergone said leg incision and debridement procedure as of subsequent office visit dated August 31, 2015. The applicant could, thus, be reasonably or plausibly expected to have pain complaints in the moderate-to-severe range following the leg incision and debridement procedure in question. Continuing Norco on or around the date in question, July 27, 2015 was, thus, indicated. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative request as of the date in question, July 27, 2015, MTUS 9792.23.b2 stipulates that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 91 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, it was therefore invoked.

1 prescription of Valium 5mg #50: 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: Conversely, the request for Valium, a benzodiazepine, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for long-term use purposes, with most guidelines limiting usage of the same to four weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect or the muscle relaxant effect for which Valium was seemingly employed here. The renewal request for Valium, thus, was at odds with page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.