

Case Number:	CM15-0064942		
Date Assigned:	04/09/2015	Date of Injury:	03/20/2012
Decision Date:	05/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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 injured worker is a 29 year old male who sustained an industrial injury on 3/20/12. The injured worker reported symptoms in the neck, back and symptoms of anxiety. The injured worker was diagnosed as having cervicalgia, neck pain, thoracic spine pain, low back pain and anxiety. Treatments to date have included physical therapy, selective serotonin reuptake inhibitor, acupuncture treatment, group therapy, and oral pain medication. Currently, the injured worker complains of pain in the neck, back and anxiety. There is documentation of 50% pain relief from the Norco in addition to improved functioning and socialization. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of Opioids when there is meaningful pain relief, support of function and lack of aberrant drug related behaviors. It is clearly documented that this individual meets these Guideline standards. There is 50% or more pain relief, improved ADLs and no drug related behaviors of concern. Under these circumstances, the Norco 10/325mg. #90 is supported by Guidelines and is medically necessary.

Restoril 30 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain, Benzodiazepines, insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Insomnia treatment.

Decision rationale: MTUS Guidelines do not recommend the long term use of Benzodiazepines for any medical condition including insomnia. ODG Guidelines provide more detailed review of sleep medications and ODG Guidelines also do not recommend long term use of this medication. Other alternatives are supported for long term use. These Guideline recommendations are further supported by recent quality literature that implicates long term Benzodiazepine use with a much higher risk for future dementia. The Restoril is not supported by Guidelines and is not medically necessary.