

Case Number:	CM15-0065677		
Date Assigned:	04/13/2015	Date of Injury:	07/21/2010
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 07/21/2010. The initial complaints or symptoms included bilateral knee pain/injury after falling backwards over a stool. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, psychological/psychiatric evaluations and therapy, x-rays, MRIs, conservative therapies, right knee surgery, and injections. Currently, the injured worker complains of anger/irritability, negative thinking, diminished energy, anxiety, nervous, and worrying. Per the medical exam findings, the injured worker has been experiencing bilateral knee pain. The diagnoses include depressive disorder, anxiety disorder, generalized anxiety disorder, post-traumatic stress disorder, major depressive episode and adjustment disorder. The treatment plan consisted of medications (Valium, Nalfon, and Percocet), urinary drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #50 with a one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10 mg #50 with one refill is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are cervical degenerative disc disease; history of cervical radiculitis; chronic low back sprain/strain; lumbar mild fasciitis; history knee pain; and history of shoulder pain. A December 1, 2014 progress note written by the treating orthopedist shows the injured worker is taking Naprosyn, Percocet and Valium. A December 9, 2014 progress note written by the pain management specialist shows the workers taking Valium 10 mg and Percocet. The documentation states avoid nonsteroidal anti-inflammatory drugs due to hypertension. Documentation in a March 10, 2015 progress note by the pain management specialist states the current list of medications include Valium 10 mg, Percocet, Nalfon. The treatment plan includes repeating random urine drug screens. Valium is not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The injured worker has been using Valium as far back as December 1, 2014 (at a minimum). The exact start date is not documented in the medical record. The treating physician has prescribed Valium in excess of four months in excess of the recommended guidelines not to exceed two weeks. Consequently, absent compelling clinical documentation in excess of the recommended guidelines not recommended for long-term use (longer than two weeks)", Valium 10 mg #50 with one refill is not medically necessary.

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nalfon 400 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical degenerative disc disease; history of cervical radiculitis; chronic low back sprain/strain; lumbar mild fasciitis; history knee pain; and history of shoulder pain. A December 1, 2014 progress note written by the treating orthopedist shows the injured worker is taking Naprosyn, Percocet and Valium. A December 9, 2014 progress note written by the pain

management specialist shows the workers taking Valium 10 mg and Percocet. The documentation states avoid nonsteroidal anti-inflammatory drugs due to hypertension. Documentation in a March 10, 2015 progress note by the pain management specialist states the current list of medications include Valium 10 mg, Percocet, Nalfon. The treatment plan includes repeating random urine drug screens. Documentation from the pain management specialist dated December 9, 2014 noted in the medical record the injured worker should "avoid nonsteroidal anti-inflammatory drugs due to hypertension." There is no compelling clinical indication for nonsteroidal anti-inflammatory drugs documented in the medical record. Additionally, there is no clear indication for Nalfon documented in the medical record. Consequently, absent compelling clinical documentation with an indication/rationale for Nalfon (when the pain management specialist specifically stated avoid nonsteroidal anti-inflammatory drugs), Nalfon 400mg #60 is not medically necessary.

Urinary drug screen (full quantitative and qualitative analysis): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing (full quantitative and qualitative analysis) is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, In this case, the injured worker's working diagnoses are cervical degenerative disc disease; history of cervical radiculitis; chronic low back sprain/strain; lumbar mild fasciitis; history knee pain; and history of shoulder pain. A December 1, 2014 progress note written by the treating orthopedist shows the injured worker is taking Naprosyn, Percocet and Valium. A December 9, 2014 progress note written by the pain management specialist shows the workers taking Valium 10 mg and Percocet. The documentation states avoid nonsteroidal anti-inflammatory drugs due to hypertension. Documentation in a March 10, 2015 progress note by the pain management specialist states the current list of medications include Valium 10 mg, Percocet, Nalfon. The treatment plan includes repeating random urine drug screens. There is no documentation in the medical record indicating the injured worker exhibits aberrant drug-related behavior or drug misuse or abuse. There is no risk assessment in the medical record determining whether the injured worker is a low risk,

intermediate or high risk for drug misuse or abuse. There is no documentation regarding noncompliance. Consequently, absent clinical documentation with a risk assessment and/or aberrant drug-related behavior, drug misuse or abuse, a urine drug screen (full quantitative and qualitative analysis) is not medically necessary.