

Case Number:	CM15-0069938		
Date Assigned:	04/17/2015	Date of Injury:	02/21/2001
Decision Date:	05/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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 75 year old male patient who sustained an industrial injury on 02/21/2001. A primary treating office visit dated 03/13/2015 reported subjective complaints of neck pain, bilateral shoulder and bilateral knee pain. He reports now being out of medication. Current medications to include: Quinine, Pennsaid, Norco 10/325mg, and Valium 10mg. diagnostic testing to include: radiography study, magnetic resonance imaging, nerve conduction study, laboratory work up. The following diagnoses are applied: wrist pain; carpal tunnel syndrome, and encounter for long-term use. The plan of care involved: continue with dialysis; follow up with renal physician, urinalysis, and carry on with conservative management. A primary treating office visit dated 01/12/2011 reported the patient with subjective complaint of lower backache and bilateral knee pains. Current medications are: Norco 10/325mg, Quinine, and Valium 10mg. There is no change in treating diagnoses. The plan of care involved: continuing with medical regimen and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

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 over 3 years. The pain scores were not consistently documented. There was no indication of Tylenol failure, weaning attempt or Tricyclic use. The long-term and continued use of Norco is not medically necessary.

Valium 10mg, #60: 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) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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. In this case, the claimant had been on Valium for over 3 years for sleep. It is not indicated for chronic use for sleep. There was no mention of failure of behavioral interventions or other medications. The chronic and continued use of Valium is not medically necessary.