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| Case Number: | CM15-0074482 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 09/24/2011 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50-year-old female, who sustained an industrial injury on 9/24/2011. She reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included medications, injections, and home exercise program. The request is for Norco, Valium, and Opana ER. On 1/30/2015, she complained of continued low back pain with radiation down the right lower extremity, and associated numbness and tingling in the left leg. She rated the pain as 9/10 on a pain scale. She denies side effects of her medications. She indicates without medications her pain is 10/10 and decreases to 7/10 with medications. The treatment plan included Gabapentin, Norco, Valium, and Opana ER. The records indicate she has been utilizing Norco since at least September 2011. The treatment request is dated 4/2/15. There is subsequent documentation that the patient underwent lumbar surgery on 4/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: Norco 10/325mg quantity 180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement or pain improvement. Furthermore, the patient's opioids exceed the recommended 120mg morphine equivalents per day. For these reasons, the request for continued Norco is not medically necessary.

Valium 5mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Anti Depressant) Page(s): 24, 66.

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

Decision rationale: Valium 10mg quantity 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation does not indicate a rationale for the use of this medication. Without a clear indication of why this medication is being requested Valium is not medically necessary.

Opana extended release 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines when to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: Opana extended release 20mg quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine

equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement or pain improvement. Furthermore, the patient's opioids exceed the recommended 120mg morphine equivalents per day. For these reasons, the request for Opine is not medically necessary.