

Case Number:	CM15-0091434		
Date Assigned:	06/04/2015	Date of Injury:	08/22/2003
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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, North Carolina
 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 (IW) is a 64-year-old male who sustained an industrial injury on 08/22/2003. Diagnoses include chronic pain syndrome-left ankle, left ankle internal derangement-status post multiple surgeries, pain-related insomnia and depression, and left knee internal derangement- status post graft harvest with wound infection-status post arthroscopic surgery. Numerous MRIs were done. Treatment to date has included medications, activity modification, knee brace/immobilizer, knee injections, compression stocking (left ankle), multiple surgeries and physical therapy. He has also seen a neurologist, a neuropsychologist, vascular surgeon and cardiologist. According to the progress report dated 4/14/15 the IW reported continued left lower extremity swelling; intermittent swelling of the left side of the neck since surgery; mouth and jaw problems since surgery; and right facial droop and slurring of speech since surgery. He also reported chronic left ankle pain. The IW finds pain is usually reduced from 8/10 to 5/10 with his prescription medications. On examination, there was tenderness to the left temporomandibular joint without left-sided tongue deviation or facial droop. Slightly positive impingement sign was noted in the left shoulder and positive impingement signs were present in the right shoulder. The left knee was tender to palpation and there appeared to be a cyst overlying the proximal tibiofibular joint. Diffuse tenderness was also present about the left ankle and foot. A request was made for Norco 10/325mg two tabs four times daily as needed, #240, Diazepam 5mg twice daily as needed and Dilaudid 4mg daily, as the provider feels the medications are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 2 tabs QID PRN #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term use of opioids 6 months or more) Page(s): 88.

Decision rationale: The request is for Norco for continuing usage for chronic pain following injuries sustained in an MVA in 2013. The medical records reveal documentation for pain relief and functional improvement, as well as adverse effects and aberrant drug taking (4 A's). Criteria appear to have been met to justify ongoing use of Norco and this request is therefore deemed medically necessary and appropriate.

Diazepam 5mg BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation <http://www.odg-twc.com>, Benzodiazepine.

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

Decision rationale: CA MTUS states 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effect occurs within weeks. The request for chronic, ongoing Valium for muscle spasms is thus deemed not medically necessary or appropriate.

Dilaudid 4mg QD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80, 93.

Decision rationale: The CA MTUS states that hydromorphone (Dilaudid) is an opioid with a major side effect of respiratory depression and apnea. In this case, then Dilaudid is apparently being prescribed as a sleep aid at bedtime. Although a common side effect of Dilaudid is sedation, it is not indicated for treatment of insomnia. In this case, non-scheduled II medications appear not to be maximized. A urine drug screen was also positive for marijuana, which is not allowed per guidelines. Finally, the patient is already taking high-dose Norco (up to 80 mg/day) and the concurrent use of Dilaudid is not recommended. Therefore, the request is deemed not medically necessary or appropriate.