

Case Number:	CM15-0092674		
Date Assigned:	05/19/2015	Date of Injury:	03/25/2013
Decision Date:	06/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/13/2015

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: Connecticut, California, Virginia
 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 55-year-old female, who sustained an industrial injury on 3/25/13. She reported a head injury and numerous injuries to lower back and shoulders before that. The injured worker was diagnosed as having low back pain, bulging disc, herniated disc, peripheral neuropathy, cervicgia and occipital neuralgia. Treatment to date has included oral medications including Norco, prednisone and Valium, Bowen therapy, physical therapy and home exercise program. Currently, the injured worker complains of continued back pain and spasms. The injured worker states the valium helps with muscle spasms at night and Bowen therapy improves pain by 40% for at least 6 days after treatment. Physical exam noted cervical spine pain with range of motion and weakness of tight and left thigh weakness. A request for authorization was submitted for Valium, Bowen therapy and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuncts is also recommended. The request was modified by utilization review to allow for weaning, which is a reasonable decision based on the provided documents. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, and lack of evidence to support functional improvement on the medication, the request for Norco is not considered medically necessary.

Valium 5mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines (anti-depressants), muscle relaxants Page(s): 24, 66.

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

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for Valium unreasonable according to utilization review, and the request was appropriately modified for weaning purposes. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug, therefore the request for Valium is not considered medically necessary at this time, and modification per utilization review decision is considered reasonable in order to facilitate weaning.