

Case Number:	CM15-0095962		
Date Assigned:	05/22/2015	Date of Injury:	03/24/2000
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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 51 year old male, who sustained an industrial injury on 3/24/00. He reported slipping down steps and falling backwards on concrete with injuries to back, left ankle, kidney and bilateral upper and lower extremities. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar radiculopathy, pain in lower leg joint, hand pain knee pain, lumbosacral disc degeneration and cervical pain. Treatment to date has included oral medications including Testim, Rozerem, MS Sr, Valium, trazodone, Norco, Colace, Ranitidine, Senokot, Wellbutrin, Nuvigil, Metamucil, Neurontin and Voltaren gel; left knee surgery, L5-S1 fusion, physical therapy and home exercise program. (EMG) Electromyogram studies performed on 1/3/12 revealed possible minimal ulnar pathology at elbow. Currently, the injured worker complains of lower back pain and left knee pain rated 4/10 with medications and 8/10 without medications. He also reported decreased stiffness and increased mobility in left knee since Synvisc injection. Physical exam noted restricted range of motion of lumbar spine with paravertebral spasm, tenderness and tight muscle band on palpation and tenderness to palpation of left knee without joint effusion. The treatment plan included continuation of medications: Testim, Rozerem, MS Sr, Valium, trazodone, Norco, Colace, Ranitidine, Senokot, Wellbutrin, Nuvigil, Metamucil, Neurontin and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Valium 5mg #24: Upheld

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

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, one prescription Valium 5 mg #24 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 that if both anterior lumbar discectomy and fusion with posterior instrumented fusion L5 - S1; bilateral ulnar neuropathy; status post left ulnar decompression; medial meniscus tear left knee; status post arthroscopy left knee; impotence, tinnitus; and chronic pain syndrome. In 2013, the Valium was tapered. 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. The injured worker has been using Valium (benzodiazepine) in excess of five years. There has been an attempt at weaning, but the injured worker continues to receive Valium refills. There is no documentation demonstrating objective functional improvement with ongoing Valium. Consequently, absent compelling clinical documentation to support ongoing Valium with documentation demonstrating objective functional improvement, one prescription Valium 5 mg #24 is not medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the

treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are that if both anterior lumbar discectomy and fusion with posterior instrumented fusion L5 - S1; bilateral ulnar neuropathy; status post left ulnar decompression; medial meniscus tear left knee; status post arthroscopy left knee; impotence, tinnitus; and chronic pain syndrome. The documentation shows Norco was prescribed this far back as April 8, 2010. According to utilization review certification [REDACTED] Norco was modified from #120 to #90. The documentation does not demonstrate objective functional improvement. There were no risk assessments and no detailed pain assessments in the medical record. The injured worker is prescribed the second opiate, Morphine sulfate sustained relief. Consequently, absent compelling clinical documentation to support ongoing Norco 10/325 mg, risk assessments and detailed pain assessments, one prescription Norco 10/325mg # 120 is not medically necessary.