

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Pain Medicine and Acupuncture and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

36 y/o female injured worker who has been treated for mid and lower back which radiates to the legs, and associated insomnia. MRI demonstrates stable L4 over L5 anterolisthesis. She has been treated with medications, physical therapy, and injections of steroids into the epidural space for these symptoms. The physician who performed the UR documented a discussion with the provider.

IMR DECISION(S) AND RATIONALE(S)

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

1. Soma 350mg tablet times two is not medically necessary and appropriate.

The Claims Administrator guidelines are not clear from the utilization review determination.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 29, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Per the MTUS citation above, "Not indicated for long-term use." At high doses, weaning is indicated, however the patient was taking this prn up to twice a day, as opposed to scheduled and more frequently per day. Also, a 8/30/2013 provider note indicates patient "doesn't like soma." The request is not medically necessary.

2. Valium 5mg 1 tablet times two is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Benzodiazepines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS citation above notes "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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)." As per documentation by the UR physician regarding rationale, the provider planned to wean this medication. This request was recognized as not medically necessary, as it was being used for insomnia and not pain and was modified to a weaning dose, and according to UR physician this lack of medical necessity was not in dispute between the provider and UR physician. For the purposes of IMR, the requested treatment/service is determined to be not medically necessary for the reasons of risk and lack of proven efficacy as cited in the MTUS reference above independent of the UR assertions. Also, a lack of clinical efficacy is noted in its use with the injured worker in that the last couple of provider reports indicates reducing function and increasing pain. 5/10/13 EMG/NCS noted no demonstrated primary neurological conditions.

3. Norco 10-325mg 1 tablet is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 79-81, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 78-80, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS has a detailed list of recommendations for initiation and continuation of opioids, and these recommendations do not appear to have been addressed by the treating physician in the documentation available for review. To reach the MTUS definition of medical necessity for ongoing treatment, efforts to rule out aberrant behavior (ie CURES report, UDS, opiate agreement) and assure safe usage are needed. As per documentation by the UR physician regarding rationale, the provider planned to wean this medication after the injured worker was weaned off diazepam. According to the UR physician, this request was recognized as not medically necessary, as it was not improving function, and was modified to a weaning dose, and is not in dispute per UR physician. For the purposes of IMR, the requested treatment/service is determined to be not medically necessary for the reasons of risk and lack of proven efficacy as cited in the MTUS reference above independent of the UR assertions. Also, a lack of clinical efficacy is noted in its use with the injured worker in that the last couple of provider reports indicates reducing function and increasing pain. The provider suggested that the lack of efficacy was perceived by the injured worker to be associated with the change in formulation of Norco (reduction of acetaminophen). If the injured worker perceives the medication is less effective than it has been in the past, than this also supports the idea that this treatment is not medically necessary.

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[REDACTED]

CM13-0010328