MAXIMUS Federal Services

Case Number:	CM13-0010879		
Date Assigned:	12/11/2013	Date of Injury:	08/24/2005
Decision Date:	01/22/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine and Rehabilitation, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 8/24/05. The treating diagnosis is failed lumbar spine surgery, as well as adjustment disorder, anxiety, and depressed mood. A treating physician's note dated 7/9/13 reports that the patient presented with left leg pain at night, as well as right leg pain from a neuropathy, with right foot pain as well. The patient reported increased tightness in the low back with very limited mobility to lift over 5-10 pounds. Upon examination, the patient presented an antalgic gait with forward-leaning posture and lumbar myofascial tenderness, as well as decreased sensation in the toes of the right foot. The treating provider recommended Cymbalta for pain, neuropathy, and depression; Wellbutrin for depression; Valium for muscle spasm; Hydrocodone for axial pain; and a Toradol injection twice per month as needed

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #75: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on benzodiazepines states they are "not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence...Chronic benzodiazepines are the treatment of choice in very few conditions." The medical records did not provide a rationale in this case for why this patient would require or benefit from benzodiazepine treatment on a chronic basis at this time; therefore, this request is not medically necessary.

Hydrocodone 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management recommends "ongoing review and documentation of pain relief, functional status, proper medication use, and side effects...Four domains have been proposed as most relevant for ongoing management of chronic pain patients on opioids." The medical records show essentially subjective reports of benefit from Hydrocodone, but do not document improvement. They also do not reflect monitoring with titration of dosage, utilizing the four domains of opioid management as recommended in the treatment guidelines. This request is not medically necessary.

The request for an unknown intramuscular (IM) injection of Toradol 60mg, twice a month as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on specific anti inflammatory medications Page(s): 72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on specific anti inflammatory medications states, "Toradol: Boxed warning: This medication is not indicated for minor or chronic painful conditions." Therefore, Toradol should not be used in the case of a chronic condition, such as in the case of this patient. The medical records do not provide an alternate rationale for this medication that would supplant the FDA black-box warning; therefore, this request is not medically necessary