

Case Number:	CM13-0015954		
Date Assigned:	10/10/2013	Date of Injury:	12/06/2006
Decision Date:	01/21/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/23/2013

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 PM&R, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 patient is a 44-year-old male who reported an injury on 12/06/2006 after falling from a deck for approximately 6 feet. The patient was initially treated with medications. The patient underwent arthroscopic surgery of the left hip and was subsequently treated with postoperative physical therapy. The patient had continued neck, right shoulder, and low back pain. Physical findings included a very slow left antalgic gait and increased range of motion of the shoulder in all directions. The patient's medications included valium 2 mg, nabumetone 750 mg, and hydrocodone/acetaminophen 7.5/500 mg. The patient's diagnoses included sacroiliac spine strain, lumbago, lumbar disc degeneration, lumbar facet arthropathy, and sciatica. The patient's treatment plan included continued medications and consultation to see a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 7.5/500mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Opioid Management Page(s): 78.

Decision rationale: The requested Hydrocodone-Acetaminophen 7.5/500mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration. The California Medical Treatment and Utilization Schedule recommends that continued use of opioids for the management of chronic pain be supported by an assessment of pain relief, documentation of increased functional benefit, assessment of side effects, and monitoring for compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence of pain relief as it is related to this medication. It is also not documented that the patient is being monitored for compliance to the prescribed medication schedule. The clinical documentation does not include objective findings of increased functional benefit to support the continued use of this medication. As such, the requested Hydrocodone-Acetaminophen 7.5/500mg #120 is not medically necessary or appropriate.

Neurologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: The requested neurologist consultation is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient is stable without a significant change in presentation. The American College of Occupational and Environmental Medicine recommends a specialist consultation when additional expertise would benefit the plan of treatment of a patient with a complicated or uncertain diagnosis. The clinical documentation submitted for review does indicate that the patient has seen an ophthalmologist who indicated that the patient has deficits that would require additional expertise. However, there is no clinical or objective information to support the request. The clinical information submitted for review does not indicate a significant change in the patient's presentation to support the need for an additional assessment from a specialist. As such, the requested neurologist consultation is not medically necessary or appropriate.

Valium 2mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Valium 2mg #90 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does not recommend extended use of benzodiazepines. It is indicated within the documentation that valium is being prescribed to replace the prescription of Soma, which was discontinued due to long-term use. However, the clinical documentation submitted for review does not provide any evidence of anxiety or muscle spasms. It is noted that the patient was stable and there was not a significant change in the

patient's clinical presentation. Therefore, the requested Valium 2mg #90 is not medically necessary or appropriate.