

Case Number:	CM13-0019233		
Date Assigned:	10/11/2013	Date of Injury:	02/16/1996
Decision Date:	01/08/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	08/29/2013

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 Internal Medicine and is licensed to practice in Washington DC and Virginia. 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 51 year old female who works as a clerk in a facility with inmates. While at work, she attempted to transfer items and sustained injury to her lower back, left knee and left wrist in February 15, 1996 and reinjured her back following collision with a food cart. Following these injuries, the patient had a clinical course which involved a dozen physical therapy sessions in March 23 1999. The patient was prescribed by her orthopedist Valium 10mg, Norco 10/325. These were given to address the patient's issues with multiple pain complaints in her joints. She was found to have patellofemoral chondromalacia, knee arthritis syndrome and lumbar disc herniation. She was also instructed to obtain plain films of left knee and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 and 85.

Decision rationale: The patient was seen in follow up for a job-related injury and was given medication for back pain. This included several controlled substances an opiate and a

benzodiazepine. The patient , from the documentation provided , did not appear to have a pain contract which would assist in delineating usage guidelines for the patient as well as the practioner to avoid dependence on controlled substance. Per the MTUS, there are also some signs for opiate abuse, multiple providers, one provider who provided two drugs of the same class and similar onset, no documentation of clinical progress. The request for Norco 10 is not medically necessary and appropriate.

Valium 10mg #60: Upheld

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

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

Decision rationale: The patient has been on benzodiazepines on a long term basis, placing her at high risk of dependence, for which there is little clinical justification from the documentation provided. Furthermore,there is little evidence to demonstrate that there is medical necessity of benzodiazepines for over 4 weeks as per MTUS guidelines. Again, as the patient was receiving this medication from multiple providers, this suggests a pattern of abuse. This combination of sedatives, Ativan, Valium and Ambien, is potentially very dangerous and there is legitimate concern for respiratory depression. The request for Valium 10mg is not medically necessary and appropriate.