

Case Number:	CM13-0021335		
Date Assigned:	11/08/2013	Date of Injury:	02/25/2002
Decision Date:	01/27/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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.

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 58-year-old male who reported an injury on 02/25/2002. The patient is noted to have been diagnosed with 847.2 lumbar sprain, radiculopathy, 723.0 cervical spinal stenosis, 354.0 carpal tunnel syndrome, 788.039 convulsions necrotizing enterocolitis. The patient is reported to complain of low back pain and cervical pain. The clinical note dated 07/30/2013 signed by [REDACTED] reported the patient reported a recent severe exacerbation of his low back pain reporting that he had bent down 4 to 5 days prior. On physical exam his affect was noted to be consistent with mild depression and anxiety. He had lumbar paraspinal spasms and incomplete resolution of symptoms and persistent psychological anxiety on Celexa. He is reported to have severe inflammation of the sacroiliac notch bilaterally and reported radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288,305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 89-92.

Decision rationale: The MTUS Chronic Pain Guidelines recommend a referral for consultation when the practitioner is uncomfortable with the line of inquiry or with treating a particular cause of delayed recovery or had difficulty obtaining information or agreement to a treatment plan. The patient is reported to have an exacerbation of his low back pain but there is no documentation of findings indicating the need for an orthopedic consultation as there is no indication that the patient is a candidate for surgery at this time. As such, the need for an orthopedic consult is not established. Based on the above, the request for 1 orthopedic consultation is not medically necessary and appropriate.

1 Prescription of Voltaren 50mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic.)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of Voltaren for treatment of osteoarthritis and joints amenable to topical treatment which does not include the spine, shoulder, or hip. As there is no documentation the patient is being treated for osteoarthritis and any joints of the upper or lower extremities, the need for Voltaren is not established. Based on the above, the request for 1 prescription of Voltaren 50 mg #120 is not medically necessary and appropriate.

Unknown prescription of Clonazepam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend benzodiazepines such as clonazepam for long term use as long term efficacy is unproven and there is a risk of dependency and notes that most guidelines limit the use to 4 weeks. As the patient is noted to be taking the clonazepam on a long term routine basis, the request for clonazepam does not meet MTUS Guideline recommendations. Based on the above, the request for unknown prescription of clonazepam is not medically necessary and appropriate.