

Case Number:	CM13-0023353		
Date Assigned:	11/15/2013	Date of Injury:	03/27/2013
Decision Date:	01/29/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 57 year old male with date of injury 03/2013. The mechanism of injury is described as the onset of back pain subsequent to pulling on a desk. The patient has complained of chronic low back pain and right lower extremity pain. He has been treated with physical therapy, medications and reported epidural corticosteroid injections. The patient has been taking valium since at least 04/2013 and opiates since at least 04/2013. No surgery has been reported to this reviewer. MRI of the lumbar spine performed in 04/2013 showed multilevel disc disease with moderate central canal stenosis at L3-L4. Objective: decreased range of motion of the lumbar spine, positive straight leg raise testing on the right, tenderness to palpation of the lumbar spine and paraspinal lumbar musculature, decreased sensation in the L5-S1 distribution. Diagnoses: lumbago, degenerative disc disease, radiculitis. Treatment plan and request: valium, oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam tab 5mg #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 Chronic pain, Benzodiazepines, Low back complaints Page(s): 24, 299.

Decision rationale: This 57 year old male has complained of chronic back pain since date of injury in 03/2013 and has been treated with medications, physical therapy and epidural corticosteroid injections. He has been taking valium since at least 04/2013 without noted improvement in back symptoms. Per the MTUS guidelines cited above, benzodiazepines are not recommended for long term use for the treatment of chronic pain and should be used for no longer than a four week duration. The efficacy of long term use of benzodiazepines in the treatment of chronic pain is unproven and there is a high risk of dependency with this medication. Per the MTUS guidelines cited above, the request for valium is indicated as not medically necessary.

codone tab 30mg #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 Opioids, criteria for use Page(s): 76-85, 88-89, 93.

Decision rationale: This 57 year old male has complained of chronic back pain since date of injury in 03/2013 and has been treated with medications, physical therapy and epidural corticosteroid injections. He has been taking opiates since at least 04/2013 without noted improvement in back symptoms. There are no specific provider notes documenting the clinical rationale supporting the use of continuation of opiates in this patient. There are no treating physician reports adequately assessing the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiates. Per the MTUS guidelines cited above there must be adequate evaluation and documentation of functional improvement, patient goals while taking opiates, return to work status and specific benefit of taking opiates. With this lack of documentation, the request for oxycodone is not indicated as medically necessary.