

Case Number:	CM13-0027344		
Date Assigned:	03/19/2014	Date of Injury:	05/30/2012
Decision Date:	08/08/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in 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 expert 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 injured worker is a 57 year old female who had a work related injury on 05/30/12. She had an injury to the cervical spine, lumbar spine and right wrist and right foot from repetitive motion while employed by the [REDACTED] over the last 24 years as a program technician. The injured worker has been treated with chiropractic treatment, trigger point injections, trigger finger injections, non-steroidal anti-inflammatory drugs, muscle relaxants, and pain medication. Magnetic resonance image (MRI) of the cervical spine dated 02/06/13 at C4-5, moderate to severe degenerative loss of disc height and a 2-3mm disc bulge with mild to moderate bilateral neuroforaminal stenosis and mild central canal stenosis. At C5-6 2mm central to left paracentral disc protrusion with ventral impression upon the cord with mild central canal stenosis. MRI of the lumbar spine dated 02/06/13 at L5-S1 4mm anterolisthesis with bilateral L5 spondylolysis. Left foraminal bulging of disc with moderate to severe left foraminal stenosis and flattening of the exiting left L5 nerve root. Potential source of left L5 radiculopathy. At left L3-4, 2mm disc bulge with 4mm right posterolateral foraminal disc protrusion with mild to moderate right foraminal stenosis and a mild ventral impression upon the exiting right L3 nerve root. At L4-5, right foraminal disc protrusion without evidence of nerve root impingement. MRI of right forefoot without contrast dated 07/17/13 the tibial sesamoid bone has an abnormal appearance. It is irregular and somewhat ill-defined with increased signal intensity within it. There is also a tiny suspected bone fragment measuring a few millimeters along the anterior aspect of the sesamoid bone. The most recent note dated 09/04/13 physical examination, cervical and lumbar spine revealed some paraspinal muscle tenderness with moderate painful range of motion. Right foot reveals she is able to plantar and dorsi flex with pain. She has tenderness in the 1st metatarsophalangeal joint. She has tenderness in the lateral aspect of her foot that extends into the anterior talofibular ligament as well as the ball of her foot. Diagnosis, right hand and finger

likely secondary to 4th trigger finger. Right foot pain with no clear etiology, mostly located on the lateral side of the right foot. Low back pain with degenerative disc disease at the level of L4-5 and L5-S1, with a 4mm anterolisthesis of L5 on S1. Moderate to severe left L5-S1 foraminal stenosis. Cervical spine degenerative disc disease and moderate to severe degenerative loss of height of C4-5 and C5-6. In reviewing all of the documentation submitted, visual analog scale (VAS) scale was used but was not documented with medication and without medication. There are no records that showed functional improvement, as well as no documentation of urine drug screens. Prior utilization review 09/09/13, Valium was non-certified. Norco was modified. Soma was modified. Current request is for Valium 10mg #60, Norco 10/325mg #60 and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Benzodiazepines.

Decision rationale: The request for Valium 10 mg #60 is not medically necessary. The clinical documentation submitted for review; as well as current evidence based guidelines do not support the request for Valium 10mg. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms and medications should only be changed by the prescribing physician.

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid's.

Decision rationale: The request for Norco 10/325 #60 is not medically necessary. The clinical documentation submitted for review; as well as current evidence based guidelines do not support the request. In reviewing all of the documentation submitted, visual analog scale (VAS) scale was used but was not documented with medication and without medication. There are no records that showed functional improvement, as well as no documentation of urine drug screens. As such, medical necessity has not been established. However, these medications cannot be

abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

SOMA 350MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain).

Decision rationale: The request for Soma 350 mg #60 is not medically necessary. The clinical documentation submitted for review, as well as current evidence based guidelines do not support the request. Suggested use as an adjunct to rest, physical therapy, analgesics and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. Soma is not recommended for longer than a 2 to 3 week period. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.