MAXIMUS Federal Services

Case Number:	CM13-0031815		
Date Assigned:	12/04/2013	Date of Injury:	04/11/2003
Decision Date:	06/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in New York 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 injured worker is a 62-year-old injured on April 11, 2003 while lifting a 50 lb. trash bag into a dumpster resulting in pain to the low back and right leg. Progress reports indicate physical therapy, acupuncture, epidural steroid injections, trigger point injections, gym memberships, Cortisone injections, multiple medication trials, home exercise program, and modified activity as medical intervention. Current diagnoses include lumbar disc displacement without myelopathy, lumbago, back disorder, and spasm of muscle. The clinical note dated Janury 14, 2014 indicates the patient recently underwent bilateral medial branch block with excellent pain relief and injection with left SI joint block for diagnostic intent. The note indicates the pain was significantly reduced and almost abated by approximately 75% for the first two to three days. The patient's complaint of lower back pain has returned, left greater than right, and travels to the posterior gluteal area and does not pass the upper thigh. Documentation indicates the injured suffers from numerous issues to include L4-5 grade 1 spondylolisthesis and lumbar facet hypertrophy/facetogenic pain at L4-5 and L5-S1. Additionally, the patient suffers from left sided L5-S1/SI joint mediated pain by examination. Documentation further indicates the patient is working on a full time status. Current medications include Nucynta ER 100mg daily, Tylenol #3 every 4 hours, Cozaar 25mg daily, Diazepam 5mg 2 tabs every 6 hours, Glipizide 10mg 2 tabs daily and Metformin 500mg 2 tabs daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #3, SIXTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The patient is currently taking 180mg of codeine per day in addition to prescribed Nucynta ER. The request for Tylenol #3, sixty count, is not medically necessary or appropriate.

VALIUM 5 MG, SIXTY COUNT,: 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 BENZODIAZEPINES Page(s): 24.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the four week treatment window. The request for Valium 5 mg, sixty count, is not medically necessary or appropriate.