

Case Number:	CM13-0036161		
Date Assigned:	12/13/2013	Date of Injury:	05/29/2006
Decision Date:	02/05/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and derivative depression reportedly associated with an industrial injury of May 29, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 7, 2013, the claims administrator denied a request for morphine and Valium. The applicant subsequently appealed. An earlier handwritten note of June 2, 2013, is difficult to follow, not entirely legible, and notable for comments that the applicant will remain off of work, on total temporary disability, for an additional 45 days. Urine drug testing was endorsed. The applicant presented with 8/10 mid and low back pain with associated tenderness to touch. An earlier note of May 3, 2013, is again notable for comments that the applicant reported pain, with not working, exhibited limited lumbar range of motion, and was again asked to remain off of work, on total temporary disability. Multiple other handwritten progress notes interspersed throughout 2013 are again notable for comments that the applicant was placed off of work. Urine drug testing was seemingly performed on every visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER tablets 30mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain effected as a result of ongoing opioid usage. In this case, however, there is no evidence that the aforementioned criteria were met. There is no evidence that the applicant returned to work. The applicant seemingly remained off of work, on total temporary disability, several years removed from the date of injury. There is likewise no evidence of any significant reduction in pain effected as a result of ongoing opioid usage and no evidence of improved function in terms of performance of non-work activities of daily living, either. Therefore, the request remains non-certified.

Diazepam tablets 10mg, #30: 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 Section.

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not considered the treatment of choice for anxiety and/or depression, seemingly present here, nor are they the treatment of choice for anticonvulsant purposes, muscle relaxant purposes, sedative purposes, etc. In this case, the attending provider did not furnish any compelling rationale or narrative alongside the request for authorization or application for independent medical review so as to offset the unfavorable guideline recommendation. It is incidentally noted that the applicant's failure to return to any form of work and continuing to remain off on total temporary disability does not make a compelling case for a variance from the guidelines as this implies a lack of functional improvement as defined in MTUS 9792.20(f) despite prior usage of Valium, morphine, and other medications. Therefore, the request remains non-certified.