

Case Number:	CM13-0043855		
Date Assigned:	12/27/2013	Date of Injury:	10/03/2006
Decision Date:	06/12/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/26/2013

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 Orthopedic Surgery 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 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 patient is a 34 year old claimant with an industrial injury from 10/3/06. Complaints were of low back pain with pain on range of motion. There was a report of mild tenderness in left calf compared to right, and of chronic left low back and leg pain. The patient is status post spinal cord stimulator implant and anterior lumbar fusion. Exam note 9/18/13 reports patient is currently on Percocet 10 mg prn, Valium 5 mg prn. Use of Lidoderm patches is reported. Report was of myofascial pain over the left hip abductor and left calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG #40: Upheld

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

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

Decision rationale: Per the CA MTUS, benzodiazepines such as Valium is not recommended for long term use. The patient has chronic low back pain and there is insufficient evidence of functional improvement while on Valium. Therefore, the request is not medically necessary.

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is insufficient evidence in the records to support medical necessity and lack of support by the guidelines. The request is not medically necessary.

PERCOCET 10 #40: Upheld

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

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement. Therefore, medical necessity has not been established.