MAXIMUS Federal Services

Case Number:	CM13-0044417		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2000
Decision Date:	02/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 55-year-old male who reported an injury on 02/28/2000 due to a fall from a roof during a severe rain storm that reportedly caused injury to the right leg and lower back. The patient's treatment history included physical therapy, medications, a home exercise program, a TENS unit, and the patient ultimately underwent interbody fusion at the L5-S1 and a decompressive laminectomy at the L3-4. The patient's most recent clinical examination revealed that the patient underwent an epidural steroid injection in 03/2013 that provided 60% to 70% relief and improved function with a decrease in hydromorphone by 30 tablets over the course of a month. The patient's medications included Relpax 40 mg for migraine headaches, MiraLax powder 17 g, Valium 10 mg, MS Contin 100 mg every 12 hours, and Dilaudid 8 mg 1 taken 2 to 3 times a day. The patient's pain was described as a 5/10 to 9/10 and limited the patient's spinal range of motion. The patient's diagnoses included lumbar radiculopathy, post laminectomy syndrome of the lumbar region, carpal tunnel syndrome, neurogenic bladder, low back chronic pain syndrome, post laminectomy syndrome of the cervical region, fusion of the L3 through the S1, and C4 through C5, and moderate major depressive disorder. The patient's treatment plan included continuation of medications and participation in a home exercise program. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg: Upheld

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

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

Decision rationale: The requested Valium 10 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule only recommends the use of benzodiazepines for short courses of treatment due to the risk for physical and psychological dependence. Additionally, there is no indication that the patient has any functional benefit or symptom relief resulting from the use of this medication to support extending treatment beyond guideline recommendations. As such, the requested Valium 10 mg is not medically necessary or appropriate.

MS Contin 100mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 78.

Decision rationale: The requested MS Contin 100 mg quantity 90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of a quantitative pain assessment, evidence of functional benefit, managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient receives any pain relief due to a quantitative assessment of pain, or functional benefit, or evidence that the patient is monitored for aberrant behavior. Therefore, continued use cannot be supported. As such, the requested MS Contin 100 mg quantity 90 is not medically necessary or appropriate.

Dilaudid 8mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 78.

Decision rationale: The requested Dilaudid 8 mg quantity 90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by

documentation of a quantitative pain assessment, evidence of functional benefit, managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient receives any pain relief due to a quantitative assessment of pain, or functional benefit, or evidence that the patient is monitored for aberrant behavior. Therefore, continued use cannot be supported. As such, the requested Dilaudid 8 mg quantity 90 is not medically necessary or appropriate.