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| Case Number: | CM13-0045488 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/23/1998 |
| Decision Date: | 03/07/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 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 patient is a 37 year old male who reported an injury on 12/23/1998. The patient is currently diagnosed with lumbar radiculopathy, cervical radiculopathy, left ilioinguinal neuralgia, anxiety, chronic pain, coccygodynia, status post left inguinal hernia repair, and possible return medications reaction. The patient was seen by [REDACTED] on 07/16/2013. The patient reported ongoing lower back pain with radiation to bilateral lower extremities. Physical examination revealed paravertebral tenderness to palpation at the L4-S1 level with no change in sensory or motor examination. Treatment recommendations included continuation of current medications including Butrans, clorazepate, Norco, omeprazole, Senokot, Flexeril, and Dendracin topical lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Clorazepate 7.5 mg #30 between 10/10/2013 and 12/20/2013: Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the documentation submitted, there is no evidence of anxiety or depression symptoms. The patient has continuously utilized this medication. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

1 Prescription of Norco 10/325mg #120 between 10/10/2013 and 12/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent lower back pain with radiation to bilateral lower extremities and activity limitations. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.