

Case Number:	CM13-0048233		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2002
Decision Date:	02/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 71 year old male with a date of injury of 02/15/2002. Per [REDACTED] on 10/25/2013, he is diagnosed with spondylosis, lumbar spine. According to this report, the patient presents with lower back pain. The pain is described as constant and becomes severe at times with prolonged excessive activity. The patient describes numbness and tingling in both lower extremities as well as radiating pain to both lower extremities. It was noted that a straight leg raise test produced pain in the lumbar spine bilaterally. The provider recommends that the patient continue with Lortab, Colace, Naproxen and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 7.5/500mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: This patient presents with chronic lower back pain. The provider is requesting Lortab 500mg #60 with 3 refills. Medical records are not clear as to exactly when the

patient was first prescribed this medication. However, seeing that progress report dated 05/13/2013 requests a refill of Lortab, it can be assumed that the patient has been taking this medication prior to that date. In the progress reports provided for review, there was not one discussion regarding how Lortab has been helpful for this patient. For chronic opiate use, the MTUS guidelines require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, Activities of Daily Living, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; and duration of pain relief with medications. None of the reports provided contain this information. Therefore, the requested Lortab is not medically necessary or appropriate.

Colace 100mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

Decision rationale: This patient presents with chronic lower back pain. The provider is requesting a refill of Colace 100mg #60. The MTUS guidelines discuss prophylactic medication for constipation when opiates are used. In this case, opiates have been used by this patient thus far. Therefore, the requested Colace is medically necessary.

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This patient presents with chronic lower back pain. The provider is requesting a refill of Anaprox DS. The guidelines state that anti-inflammatory drugs are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The provider documents the patient's pain, however, there was no documentation provided on the efficacy from the use of Anaprox. The MTUS guidelines require documentation of pain assessment and function with medications used for chronic pain. Given the lack of any documentation of pain and functional assessment as related to the use of Anaprox, the requested Anaprox is not medically necessary at this time.

Valium 10mg #60: 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: This patient presents with chronic lower back pain. The provider is requesting Valium 10mg #60. The provider has prescribed Valium on a long-term basis. However, the MTUS guidelines do not recommend long-term use of benzodiazepines due to unproven efficacy and risk of dependence. A maximum use of 4 weeks is recommended. Therefore, the requested Valium is not medically necessary or appropriate.