

<b>Case Number:</b>	CM13-0052661		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 patient is a 37-year old male who experienced physical injuries during a slip and fall accident on 12/14/2009. Specifically, he incurred an abdominal hernia and lumbar spine symptoms with lower extremity radiculopathy during the course of performing his assigned duties that necessitated extensive conservative orthopedic treatment modalities, surgical intervention, and physical rehabilitation. Prior treatment history included an IM injection of Dilaudid 2 mg with Phenergan 25 mg, along with 60 mg of Toradol as an anti-inflammatory, Norco 10/325 one p.o. every 6-8 hours prn for pain with no refills, Soma 350 one p.o. 2-4 times a day as needed, and hydromorphone 4 mg one tablet every six hours prn, Medications at home include oral Dilaudid, Norco, Soma, Valium, and Cymbalta. He states that he typically when his back pain fires up, he receives Toradol, Phenergan, and Dilaudid in shot form and that seems to do the trick, combined with his regular medications. He has received right transforaminal epidural steroid injections times four along with right sacroiliac joint steroid injection, and right selective nerve root block at L5-L5 and L5-S1. Surgical procedures include a repair of incarcerated ventral hernia with mesh on 12/29/2009. Diagnostic testing includes MRI scan of the lumbar spine w/o contrast on 08/12/2012 which again showed demonstration of L5-S1 degenerative disc disease. A 3 mm left dorsal disc/spur mildly contacts the left S1 nerve root. There is a stable small right foraminal disc protrusion at L4-5. There is mild right foraminal stenosis. Note is also made of a tiny right foraminal annular fissure. There has been internal development of a right foraminal L3-4 disc protrusion. This appears to mildly contact the right L3 dorsal root ganglion. On 03/25/2011 an Electrodiagnostic EMG needle testing was performed with conclusion of a normal study. On 10/31/2010 an MRI of right hip w/o contrast showing right hip degenerative changes with mild osteoarthritis and degenerative changes in the superanterior labrum with no evidence of peripheral neuropathy or lumbar sacral radiculopathy.

On 02/24/2010 an MRI of the lumbar spine w/o contrast showed L5-S1 lateral foraminal mild disc protrusion osteophytic ridging slightly deflecting the left S1 nerve root sleeve and creating mild left neural foraminal stenosis. On 02/12/2010 an EMG/NCV showed evidence of a mild to moderate right sensorimotor demyelinating neuropathy across wrist (carpal tunnel syndrome). EMG on 09/28/2010 showed no evidence of peripheral neuropathy or lumbar sacral radiculopathy. Clinical note dated 02/22/2013 patient requested treatment from [REDACTED] due to severe low back and acute erection problems, patient is very concerned, reports losing erection with change of position, claims this problem is recent. On examination the gait was abnormal. Palpation of the hip and spine (lumbar) demonstrates ttp paraspinal muscles. Passive SLR positive b/l. Deep tendon reflexes at patellar tendon and ankle within normal limits. A urine screen 03/07/2012 tested positive for hydrocodone. Medications which have been prescribed and recommended to the patient are noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Carioprodol 350mg #64:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

**Decision rationale:** The patient has a history of chronic low back pain. Per the CA MTUS, the medication should be used for short term treatment. "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The request for supply of 64 is outside the scope of short term treatment. In addition, the guides state "gradual weaning is recommended for long-term opioid users" which is the case for this patient.

**Diazepam 5mg, #32:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medication Page(s): 124.

**Decision rationale:** The request for Diazepam does not include any information on the necessity or plan for tapering of the medication. According to the guidelines, tapering is required if used for greater than 2 weeks.