

Case Number:	CM13-0057589		
Date Assigned:	12/30/2013	Date of Injury:	04/10/1999
Decision Date:	03/27/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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:

This is a 68 year-old female with an April 10, 1999 industrial injury claim. She has been diagnosed with lumbago and post laminectomy syndrome. According to the September 25, 2013 progress note, she takes Vicoprofen 7.5/200mg daily; and Flurazepam 30mg at bedtime as needed, #30 for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurazepam 30mg, #30, with no refills: Upheld

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

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

Decision rationale: The California MTUS states benzodiazepines are not recommended for use over 4 weeks. The patient presents with low back pain. The records show that she has been using the benzodiazepine Flurazepam since June 4, 2013. The continued use of Flurazepam over 12-weeks will exceed the recommended guidelines. Therefore, the request is not medically necessary or appropriate.

Hydrocodone Bitartrate 7.5mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Section Page(s): 8-9.

Decision rationale: According to the California MTUS Guidelines, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records show Vicoprofen has been prescribed for several months, but there is no discussion of efficacy. There is no mention of improved pain, or improved function or improved quality of life with the use of Vicoprofen. The documentation does not support a satisfactory response. Guidelines do not recommend continuing treatment if there is not a satisfactory response. Therefore, the requested Hydrocodone Bitartrate is not medically necessary or appropriate.