

Case Number:	CM13-0057645		
Date Assigned:	12/30/2013	Date of Injury:	03/24/2000
Decision Date:	03/27/2014	UR Denial Date:	11/14/2013
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, 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 50 year old male who sustained a work-related injury on 3/24/00. According to the 10/30/13 report from [REDACTED], the patient presents with low back pain radiating to the right leg, as well as left knee and ankle pain. He still has benefit with the spinal cord stimulator. He diagnoses include status post anteroposterior lumbar discectomy and fusion at L5/S1, bilateral ulnar neuropathy, status post left ulnar decompression, medial meniscus tear left knee status post arthroscopy, impotence, tinnitus, and chronic pain syndrome. Current medications include Valium, Norco, Testim, Provigil, Colace, Neurontin, ranitidine, Rozerem, Wellbutrin, zolpidem, morphine sulfate SR, and Voltaren. The 9/16/11 hepatic function lab showed an abnormal antigen ratio.

IMR ISSUES, DECISIONS AND RATIONALES

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

one prescription of 40 Valium 5mg: 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: The patient presents with low back pain radiating to the right leg, and has left knee and ankle pain. The records show the patient has been using Valium for several months. The MTUS states that benzodiazepines such as Valium are not recommended for use over 4 weeks. The continued use of Valium exceeds MTUS recommendations. As such, the request is noncertified.

a BUN/creatinine hepatic function panel: Overturned

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 Page(s): 11-12.

Decision rationale: The patient presents with low back pain radiating to the right leg, and has left knee and ankle pain. The patient has been on long-term Norco, which contains acetaminophen. According to the MTUS, acetaminophen can cause liver damage. The last hepatic panel was back in 2011. The current request for liver/and or kidney function tests is appropriate for the medications the patient has been prescribed. As such, the request is certified.