

Case Number:	CM13-0069896		
Date Assigned:	01/03/2014	Date of Injury:	08/24/2006
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 54 year-old female who was injured on 8/24/06. She has been diagnosed with L1-2 disc protrusion with old compression fracture of the anterior L2 per MRI; L4-5 5mm posterior disc protrusion with evidence of annular tear and moderate hypertrophic facet changes at L4-5 and L5-S1; neck pain with a 3mm disc protrusion per MRI; status post right CRT with significant reduction in pain; thoracic spondylosis with anterior osteophytes at T4-T8; and depression/anxiety. According to the 11/19/13 anesthesiology/pain management report from [REDACTED] the patient presents with 10/10 low back pain, but with medications the pain drops to 6/10, and she is able to get out of bed, cook, and clean, for about 10-15 minutes before she needs to sit or lay down. She tried to wean off Valium, but felt scared, would be crying and had sleeplessness until she was able to return to the medication

IMR ISSUES, DECISIONS AND RATIONALES

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

120 NORCO 10/325MG: 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: The patient presents with severe low back pain; the physician reports 10/10 pain that drops to 6/10 with Norco. She is taking 4 Norco 10/325mg per day. The MTUS states that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the MTUS and the physician's report, the patient has a satisfactory response to Norco. MTUS guidelines do not require weaning or discontinuing pain medication that is providing a satisfactory response. As such, the request is certified

30 VALIUM 10MG: 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 severe low back pain. The physician reports that Valium allows her to sleep at night, and become less tense and depressed during the day. She previously tried to wean off Valium, but felt scared, would be crying, and had sleeplessness until she was able to return to the medication. The earliest record provided for review is dated 10/4/12. It shows that the patient was using Valium in 2012 and through 11/19/13. MTUS guidelines states benzodiazepines are not for long-term use; most guidelines limit use to four weeks. The continued use of valium is not in accordance with MTUS guidelines