

Case Number:	CM13-0071807		
Date Assigned:	01/08/2014	Date of Injury:	01/22/2003
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 63 year old female who reported an injury on 01/22/2003. An evaluation on 12/02/2013 found the injured worker reporting neck pain. She states the severity is mild, that it has not changed, the frequency is daily, the location is bilateral lateral and bilateral posterior neck, bilateral shoulder, bilateral arm, bilateral upper back and legs. There was radiation of pain to the left arm, ankles, calves, feet and thighs. The injured worker describes the pain as aching, discomforting, dull and throbbing. Relieving factors tried include narcotic analgesics. Objective findings are positive for back pain, muscle weakness and neck pain. The injured worker was negative for joint pain and joint swelling. The physical examination findings were unremarkable. The cervical spine evaluation was limited with factors of pain during active range of motion. Extension was 20 degrees and Flexion was 45 degrees. Medications prescribed include Vicodin, Valium, Oxycontin and Lexapro. Labs ordered include Acetaminophen, CBC with Diff, Chem 19, Diazepam, EIA 9, Hydrocodone, Oxycodone, TSH and UA Complete. The pain score documented is 10/10 without medications and 0/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10 MG, #30 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 Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker has been using Valium and the current request is for a 4 month supply. Therefore, the request exceeds California Medical Treatment Utilization Schedule recommendations for no more than 4 weeks of use. The request for Valium 10 mg, # 30 with three refills is not medically necessary and appropriate.

1 LAB: ACETAMINOPHEN: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend urine drug screens as part of the opioid pain treatment agreement. However, this request is not specific as to a nature of the lab study being requested. Additionally, the documentation submitted for review does not indicate if this request is for toxicity nor does the documentation support how long the injured worker has been using this medication. The request for 1 lab, Acetaminophen is not medically necessary and appropriate.

1 LAB: DIAZEPAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TREATMENT AGREEMENT Page(s): 89. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TREATMENT AGREEMENT, PAGE 89.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend urine drug screens as part of the opioid pain treatment agreement. However, this request is not specific as to a nature of the lab study being requested. Additionally, the documentation submitted for review does not indicate if this request is for toxicity nor does the documentation support how long the injured worker has been using this medication. The request for 1 lab, Diazepam is not medically necessary and appropriate.

1 LAB: OXYCODONE: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend urine drug screens as part of the opioid pain treatment agreement. However, this request is not specific as to a nature of the lab study being requested. Additionally, the documentation submitted for review does not indicate if this request is for toxicity nor does the documentation support how long the injured worker has been using this medication. The request for 1 lab, Oxycodone is not medically necessary and appropriate.

1 LAB: HYDROCODONE: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend urine drug screens as part of the opioid pain treatment agreement. However, this request is not specific as to a nature of the lab study being requested. Additionally, the documentation submitted for review does not indicate if this request is for toxicity nor does the documentation support how long the injured worker has been using this medication. Therefore, the request for 1 lab, Hydrocodone is not medically necessary and appropriate.

1 LAB TEST INCLUDING: COMPLETE URINALYSIS, TSH, CBC WITH DIFF, EIA 9, AND CHEM 19: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Specific Drug Lists And Adverse Effects.

Decision rationale: The Official Disability Guidelines state that periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) are recommended to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Based on the documentation submitted for review there is no clear indication of the medical necessity. The documentation submitted for review does not indicate how long the injured worker has been using current medications. The request for 1 lab test including, complete urinalysis, TSH, CBC with DIFF, EIA 9, and CHEM 19, are not medically necessary and appropriate.

