MAXIMUS Federal Services

Case Number:	CM14-0000070		
Date Assigned:	01/10/2014	Date of Injury:	08/01/2001
Decision Date:	04/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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 & 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 patient is a 52 year old male who was injured on 08/01/2001. A PR-2 dated 01/09/2014, which is unchanged since 10/15/2013, indicated the patient is in for a follow-up evaluation of back pain, low back pain and lumbar complaints. His past treatments for this condition included prescription medication. His back pain is described as aching, burning, cramping, sharp, pressure, spasming, shooting, deep, feels very tight, shoots down legs and shoots down hips. He rates the severity of the condition a 7-8/10. His condition has existed for an extended amount of time. He has been continuing with medications and activity avoidance as the mainstay of his treatment. He notes improvement in global functional capacity with the medications and decreased pain and suffering. Objective findings on exam revealed the patient ambulates independently and antalgic gait is mild. His muscle strength for all groups tested is 4/5; muscle strength full and strength symmetric. His deep tendon reflexes are 2+ bilateral in the lower extremities. On neurological examination, bilateral patellar reflex and bilateral Achilles reflex is 2/4; S1 dermatome and L5 dermatome demonstrates normal light touch sensation bilaterally. PR-2 dated 09/17/2013 also indicated the patient rated the severity of his condition a 6-7/10. He continues with medications and HEP. PR-2 dated 05/21/2013 indicated the patient rated the severity of his condition a 7/10 and the condition has existed for an extended amount of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-87.

Decision rationale: The medical records demonstrate the patient's daily medication dosages exceed the maximum MED recommended. The medical records do not establish return to work or improved pain and function. It is strongly advised that opioids be discontinued.

KADIAN 10MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-87.

Decision rationale: The medical records do not establish the patient has returned to work or that he has obtained clinically significant improved functioning and pain as a result of his continued opioid use. It is also relevant that the quantity and dosage of opioids the patient is prescribed to take on a daily basis exceeds the accepted maximum morphine-equivalent dosage of 120 mg per day. Continuing the patient at this dosage and frequency is not recommended under the guidelines. The medical records do not establish the prescribed medications are necessary and appropriate for the management of this patient's general chronic pain complaint.

DIAZEPAM 5MG #120: 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: According to the guidelines, Diazepam is not recommended. This drug is within the class of drugs, benzodiazepines, which are not recommended. The long-term efficacy is unproven and there is risk of psychological and physical dependence or addiction. The medical records do not provide a clinical rationale as to justify providing medication that is not recommended under the evidence-based guidelines. The medical records document that the patient is also on Wellbutrin and Cymbalta. The medical necessity of Diazepam has not been established