

Case Number:	CM14-0001208		
Date Assigned:	01/22/2014	Date of Injury:	09/17/2009
Decision Date:	06/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational Medicine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 63-year-old male with a 9/17/09 date of injury to the lower back. He was seen on 11/1/13 and was noted to be in physical therapy at the time after a video arthroscopy of the shoulder was performed on 9/13/13. He had complaints of low back pain with radiation to the feet and associated numbness and tingling. Exam findings revealed that pressure over the iliolumbar angle and posterior superior iliac spine. His diagnosis is herniated disc at L4/5 and L5/S1 with bilateral sciatica in the L5/S1 root dermatome right greater than left.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and

muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient is noted to have exceeded the treatment guidelines with regard to duration of use of this medication. In addition, there is no mention of functional gain, reduction in pain, or rationale for continued use beyond the recommended treatment guidelines. Therefore, the request for valium 10 mg #60 was not medically necessary.

VICODIN 750 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has a diagnosis is herniated disc at L4/5 and L5/S1 with bilateral sciatica. However, there is no ongoing review of benefits with this medications including a VAS with and without this medication, functional gains, and monitoring. There is also no mention of a taper or long-term pain management plan. In addition, there is no such dosing as hydrocodone 750 mg. Therefore, the request for vicodin 750 MG #120 was not medically necessary.