

Case Number:	CM14-0003552		
Date Assigned:	01/31/2014	Date of Injury:	03/01/2006
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 47 year old male who reported an injury on 03/01/2006. The mechanism of injury was repetitive bending and lifting. The clinical note dated on 01/22/2014 reported the injured worker had transferred from chair to standing and standing to exam table with ease and no discomfort demonstrated. The physical exam noted palpation of the back demonstrated areas of tenderness. The lumbar range of motion was 60% normal flexion and extension. Bilateral lower extremity range of motion was 80% normal flexion and extension. There was also a negative Spurlings test done. The injured worker had a diagnosis of chronic low back pain. The provider recommended for refills on Valium, Soma, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Section Page(s): 78-79.

Decision rationale: The request for Norco 10/325mg, # 150 is non-certified. The injured worker had transferred from chair to standing and standing to exam table with ease and no discomfort

demonstrated. The physical exam noted palpation of the back demonstrated areas of tenderness. The California MTUS recommend ongoing review and documentaion of pain relief, functional status, appropriate medication use, and side effects. Pain assesement to include the injured workers current pain, the least reported pain over the period since the last assessment, the averae pain and how long it lasts. The guidelines also recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There was a lack of documention noting the injured workers pain relief, or pain level while on the requested medication. The guidelines recommend the use of a urine drug screen, there was no urine drug screen submitted. In addition there was a lack of objective findings indicating the need for Norco. The request for Norco 10/325 mg, # 150 does not meet the clinical guidelines. Therefore, the request is not medically necessary or appropriate.

VALIUM 5MG, #90: Upheld

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

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

Decision rationale: The request for Valium 5 mg, # 90 is non-certified. The injured worker had transferred from chair to standing and standing to exam table with ease and no discomfort demonstrated. The physical exam noted palpation of the back demonstrated areas of tenderness. The California MTUS guidelines do 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The documentation provided noted the injured worker had been prescribed Valium since 12/19/2012, which exceeds the guideline recommendations of the limited us to 4 weeks. In addition there was a lack of objective findings indicating the medical need for Valium. Therefore, the request for Valium 5 mg, #90 is not medically necessary or appropriate.

SOMA 350MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 63-65.

Decision rationale: The request for Soma 350 mg,# 120 is non-certified. The injured worker had transferred from chair to standing and standing to exam table with ease and no discomfort demonstrated. The physical exam noted palpation of the back demonstrated areas of tenderness. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low

back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines also not Soma is not recommended for longer than 2-3 week period. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. The documentation provided indicated the injured worker had been prescribed Soma since 12/19/2012 which exceeds the recommended use of 2-3 week period. In addition there was a lack of objective clinical findings which indicate the medical need for Soma. Therefore, the request for Soma 350 mg, #120 is not medically necessary or appropriate.