

Case Number:	CM14-0007408		
Date Assigned:	02/07/2014	Date of Injury:	10/20/2009
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 10/20/2009 secondary to tripping and falling. The injured worker was evaluated on 12/12/2013 for reports of low back pain radiating to the right leg with frequent spasms. The exam noted no detectable reflexes of the knee and ankle, plantarflexion of the right foot at -4/5, and a left pelvic tilt. The diagnoses include moderate lumbar spinal stenosis with bulging disc at L5-S1, moderate stenosis at L4-5 presenting with right leg radiculopathy. The treatment plan includes a lumbar corset, medication therapy, MRI of the lumbar spine, repeat nerve studies, and a lumbar laminectomy. The Request for Authorization and rationale for the requests were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN PATIENT LENGTH OF STAY (LOS) TIMES ONE(1) DAY FOR LAMINECTOMY ROOT DECOMPRESSION, EXPLORATION OF THE DISC AND EVALUATION OF STABILITY AT L4-S1, TO BE DONE AT [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Procedure Summary (last updated 10/09/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Hospital length of stay (LOS).

Decision rationale: The request for a 1-day inpatient stay at [REDACTED] for laminectomy root decompression, exploration of the disc and evaluation of stability at L4-S1 is medically necessary. The Official Disability Guidelines recommend up to a 1-day inpatient stay for a laminectomy based on the type of surgery with no complications. The injured worker is approved for a laminectomy. Therefore, based on the documentation provided, the requested 1-day inpatient hospital stay is medically necessary and appropriate.

DECADRON 4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral corticosteroids.

Decision rationale: The request for Decadron 4 mg is non-certified. The Official Disability Guidelines do not recommend oral corticosteroids for chronic pain, as there is no data on the efficacy and safety of systemic corticosteroids in chronic pain. Furthermore, there is a lack of indication of the dosage and frequency and total number of tablets being prescribed. Therefore, based on the documentation provided the request is not medically necessary.

NEURONTIN 100MG ONE MONTH SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The request for Neurontin 100 mg for a 1-month supply is non-certified. The California MTUS Guidelines state that Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is a significant lack of clinical evidence of an objective assessment of the injured worker's pain level and the efficacy of the medication. Furthermore, the request does not indicate the dosing frequency and total amount of tablets being requested. Therefore, based on the documentation provided, the request for Neurontin 100 mg for a 1-month supply is not medically necessary.

DIAZEPAM 5MG: Upheld

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

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

Decision rationale: The request for diazepam 5 mg is non-certified. The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. The rationale for the request for diazepam is not clearly indicated in the documentation provided. Furthermore, the frequency and total number of tablets being ordered is not included in the request. Therefore, based on the documentation provided, the request is not medically necessary.