

Case Number:	CM14-0104811		
Date Assigned:	07/30/2014	Date of Injury:	10/03/2011
Decision Date:	10/01/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 48-year-old male with an injury date of 10/03/2011. Based on the 06/16/2014 progress report, the patient complains of having lumbar spine pain. His gait is brisk but slightly antalgic to the left. He is able to heel and toe walk without difficulty. The patient has positive tenderness to palpation, right PSIS. There is tenderness to palpation of the L3-L4 facet joints bilaterally and the patient's lower back pain is reproduced with lumbar extension. Sensation to light touch is decreased along the left lateral aspect of the foot and plantar foot on the left. The 05/19/2014 report indicates that the patient had a removal of hardware surgery which significantly helped improve his back pain so that he was able to return to work full-time (no specific date provided). The patient had the following surgeries: 1. Right-sided L3 through the medial branch radiofrequency thermocoagulation, 06/04/2014. 2. Bilateral L2, L3, and L4 medial branch block, 02/26/2014. 3. Right knee lateral meniscectomy, 12/30/2013. 4. Left-sided L3 through ala radiofrequency ablation of the medial branch under fluoroscopic guidance, 06/25/2014. The patient's diagnoses include the following: 1. Post laminectomy syndrome, status post L4 to S1 posterior instrumented fusion with L5-S1 interbody fusion (right-sided approach). 2. L3-L4 adjacent left degeneration. 3. Lumbar strain. 4. Right knee osteoarthritis with meniscal derangement. The utilization review determination being challenged is dated 07/01/2014. Treatment reports were provided from 01/11/2013 - 07/07/2014.

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.

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

Decision rationale: Based on the 06/16/2014 progress report, the patient complains of having lumbar spine pain. The request is for Valium 10 mg #60. The patient has been taking Valium as early as 01/20/2014. MTUS page 24 states that benzodiazepines 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." In this case, the patient has been taking Valium since 01/20/2014 which exceeds the 4 weeks recommended by MTUS Guidelines. Recommendation is for denial.

Voltraren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anti-inflammatory gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Based on the 06/16/2014 progress report, the patient complains of having lumbar spine pain. The request is for Voltaren gel. The patient is going to try a trial of Voltaren gel beginning on 06/16/2014. MTUS supports topical NSAIDs for peripheral joint arthritis and tendonitis. The provider would like the patient to try Voltaren gel for his right PSIS tendonitis. However, PSIS is in the hip and back region and is not a peripheral joint. Topical products would not be able to reach the tendons or muscles to be of any good in these areas. Recommendation is for denial.