MAXIMUS Federal Services

Case Number:	CM14-0105776		
Date Assigned:	08/01/2014	Date of Injury:	11/06/1986
Decision Date:	09/12/2014	UR Denial Date:	06/27/2014
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 and is licensed to practice in Texas and Ohio. 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 59-year-old male who reported an injury on 11/06/1986 due to unloading a large bag that tipped over and fell onto the injured worker. The injured worker's diagnoses were low back pain, depression and anxiety. The injured worker's past treatments have been multiple chiropractic sessions, home exercises, medication and an epidural steroid injection which the injured worker stated there was no benefit. The injured worker's past diagnostics were an MRI of the lumbar spine on 12/17/2012 where there was a left paracentral disc causing moderate spinal stenosis at L4-5. The disc extended into the foramen. Prior surgery was an open reduction internal fixation of the left tibia/fibula due to a motorcycle accident in 1987. The injured worker complained of intermittent low back pain radiated posteriorly down the right lower extremity and into both knees with constant radiating pain into the left groin and anterior leg of the knee. The injured worker rated his pain at 6/10. The pain was 6/10 before medication and 4/10 with medication. On physical examination dated 06/24/2013, there was tenderness across the paraspinal muscles of the low back as well as a sciatic notch, with a positive left leg lift. The injured worker's medications were Norco, Valium, and Xanax. The provider's treatment plan was for refill of medications, and for another practitioner to review the injured worker's MRI. The rationale for the request was for better pain control. The Request for Authorization form dated 07/15/2014 was provided with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprozam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 78-79.

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

Decision rationale: The request for Alprozam 0.5 mg #60 is not medically necessary. According to California MTUS Guideline, 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. The benzodiazepine's range of actions include sedative /hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker complained of back pain radiating to left lower extremity with the pain being 6/10 before medication and coming down to 4/10 with medication. There is no documentation of anxiety to support the guidelines for which this medication is indicated. The efficacy of this medication is unable to be measured due to lack of documentation. In addition, the request did not indicate the frequency of the proposed medication. Due to lack of documentation of efficacy of medication as well as the effect of the individual medications, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 78-79.

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

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. According to California MTUS Guidelines, ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include current pain, least reported pain over period since last assessment, average pain, intensity of pain after taking the opioids, how long it takes for the pain relief, and how long pain relief lasts. The documentation submitted for review indicated that the injured worker rated his pain at 2/10 at worst and 1/10 on average. He was noted to have the ability to perform his activities of daily living. There was no documentation of adverse side effects with the use of opioids. He was not noted to have any issues with aberrant drug taking behavior; however, there was no documentation submitted for a recent drug screen showing the consistent results to verify appropriate medication use. Therefore, despite evidence of decreased pain and increased function, the absence of consistent results on a urine drug screen to verify compliance, the criteria for ongoing use of opioid medication has not been met. In addition, the submitted request failed to mention frequency for the proposed medication. As such, the request for Norco 10/325mg #120 is not medically necessary.

Valium 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 78-79.

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

Decision rationale: The request for Valium 5 mg #30 is not medically necessary. According to California MTUS Guideline, 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. The benzodiazepine's range of actions include sedative /hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker complained of back pain radiating to left lower extremity with the pain being 6/10 before medication and coming down to 4/10 with medication. There is no documentation of anxiety to support the guidelines for which this medication is indicated. The efficacy of this medication is unable to be measured due to lack of documentation. In addition, the request did not indicate the frequency of the proposed medication. Due to lack of documentation of efficacy of the medication, the request is not medically necessary.