

Case Number:	CM14-0011087		
Date Assigned:	02/21/2014	Date of Injury:	05/11/2011
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old male. He had a date of work injury 5/11/11. His diagnoses include lumbar myoligamentous injury with L5-S 1 disc protrusion and associated facet arthropathy, reactionary depression/anxiety, status post cerebral aneurysm excision on 6/11/13, non-Hodgkin's lymphoma, and medication induced gastritis. There are requests for retrospective Valium, Norco, and Soma. There is a 2/3/14 office visit that states that since his last visit, the patient has been experiencing increased pain in his lower back radiating down to both lower extremities, which he rates today from 0-10 as 8 in intensity. The pain is aggravated with any type of bending twisting and turning, which limits both his mobility and activity tolerance. The patient has been evaluated by Orthopedic Spine Surgeon. Who is recommending surgical intervention in the form of lumbar fusion, but this has not yet been certified. The patient is requesting to proceed with a lumbar epidural steroid injection which was recently certified. The patient recently completed his fifth cycle of chemotherapy, having a diagnosis of Hodgkin's lymphoma. He remains under the care of an oncologist and he plans to follow up with him in the next few weeks. He is still recovering his recent aneurism excision surgery on June 11, 2013. An EMG (Electromyography) study of the lower extremities performed on August 25, 2011 had to be aborted secondary to severe pain in the distal muscles. A radiculopathy, especially above SI could not be ruled out. Lumbar spine MRI, reveals at L5-S1 4 mm circumferential disc protrusion with annular tear and associated facet joint arthropathy. Bilateral foraminal narrowing is noted. There is some compression of the left exiting nerve root. Facet arthrosis is noted throughout the rest of the lumbar spine mild multi-level disc desiccation and dehydration On physical exam the patient has a stiff and antalgic gait favoring the left lower extremity. Examination of the lumbar spine reveals significant tenderness and increased muscle tone on the left lumbar musculature.

Trigger points are noted. Motor examination reveals decreased motor strength with flexion of the left hip when compared to the right. Reflexes are all 2+. The Straight: leg raise in the modified sitting position is significantly positive on the left with radicular symptoms. Sensory exam is decreased along the anterior lateral thigh and lateral calf on the left when compared to the right to Wartenberg pinprick wheel. The documentation states that the patient's pain is getting worse. The treatment plan includes proceed with epidural steroid injection at L5-S I, which was recently certified. Patient is to follow up with his oncologist. The patient is to an orthopedic spine surgeon. The patient is to continue his medications including Norco, Anaprox, Prilosec, Valium and Soma.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN),

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

Decision rationale: Retrospective Valium 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has been taking Valium dating back to September of 2012. There is no documentation of significant improvement in function despite being on this medication. The MTUS 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. The continuation of Valium is not medically necessary.

NORCO 10/325 MG # 240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: Retrospective Norco 10/325 mg # 240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted reveals no indication that the pain has improved patient's pain or functioning to a significant degree therefore Norco is not medically necessary. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and to continue opioids if the patient has returned to work and if the patient has improved functioning and pain. Without these improvements the request for retrospective Norco 10/325 #240 is not medically necessary.

SOMA 350 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 63, 65.

Decision rationale: Retrospective Soma 350mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment guidelines. The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. Documentation does not indicate an acute exacerbation of low back pain. The patient has been on this medication since September of 2012. There is no documentation of significant functional improvement despite being on this medication long term. In light of these reasons, the request for retrospective Soma 350mg #120 not medically necessary  