

Case Number:	CM14-0017283		
Date Assigned:	04/14/2014	Date of Injury:	06/06/2005
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine and Pulmonary Diseases 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 59-year-old male who reported an injury on 06/06/2005. The mechanism of injury was not stated. The current diagnosis is status post anterior reconstructive surgery of the thoracic spine. The injured worker was evaluated on 03/17/2014. It is noted that the injured worker underwent anterior reconstructive surgery of the thoracic spine in 12/2013. The injured worker is currently awaiting approval for physical therapy and aquatic conditioning. Physical examination revealed improved left shoulder range of motion, preservation of normal thoracic kyphosis, 3+ pretibial edema and 5/5 motor strength in the bilateral lower extremities. The treatment recommendations included a followup with a vascular surgeon. It was also noted that the injured worker was awaiting authorization for an adjustable orthopedic sleep system.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF VALIUM #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines state 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 their use to 4 weeks. There is no documentation of an anxiety disorder. There is also no evidence of this injured worker's active utilization of this medication. There was no frequency or strength listed in the current request. Therefore, the request is non-certified.

ONE PRESCRIPTION OF MS CONTIN 30MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. It is noted on 03/17/2014 that the injured worker had been able to discontinue the use of MS Contin. There is no frequency listed in the current request. Based on the clinical information received, the request is non-certified.

ONE ADJUSTABLE ORTHOPEDIC BED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Mattress Selection.

Decision rationale: The Official Disability Guidelines do not recommend using firmness as the sole criteria for mattress selection. There is no documentation of a significant musculoskeletal or neurological deficit. The medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified.