

Case Number:	CM14-0122019		
Date Assigned:	08/06/2014	Date of Injury:	03/26/2006
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 33-year-old male who reported an injury on 03/26/2006 due to a lifting injury. On 01/03/2014, the injured worker presented with low back and bilateral lower extremities pain. Current medications included MS-Contin, Percocet, and Soma. Upon examination, there was moderate tenderness in the midline of the lower lumbar spine. The diagnoses were low back pain and status post microdiscectomy of the lumbar spine. The provider recommended Percocet and Valium; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Percocet 7.5/325 mg #180 with 1 refill is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Valium 10mg #30 with 1 refill: Upheld

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

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

Decision rationale: The request for Valium 10 mg #30 and 1 refill is not medically necessary. The California MTUS Guidelines do not recommend the use of Benzodiazepines for long term use because long term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Valium; however, the efficacy of the medication has not been provided. The provider's request for Valium 10 mg #30 and 1 refill exceeds the guideline recommendations for short term therapy. The providers request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.