

Case Number:	CM14-0153840		
Date Assigned:	10/09/2014	Date of Injury:	06/01/2002
Decision Date:	11/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/20/2014

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 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 61-year-old female, who reported an injury on 06/01/2002. The mechanism of injury was not provided. On 08/04/2014, the injured worker presented with pain in the cervical spine and left shoulder. Upon examination of the cervical spine, there was 30 degrees of flexion and extension with tenderness palpable over the paravertebral and trapezius musculature with spasm present. Examination of the left shoulder noted range of motion of 160 degrees of abduction and flexion with tenderness palpable over the biceps tendon. The diagnoses were rotator cuff syndrome, impingement syndrome, and cervical spine musculoligamentous sprain. Prior medications included Valium and Hydrocodone. The provider recommended Valium, Hydrocodone, a urine drug screen, and an office visit. 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:

Unknown prescription of Valium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The request for unknown prescription of Valium is not medically necessary. Valium is known generically as diazepam and is a benzodiazepine, primarily indicated as a sedative hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are not recommended due to rapid development of tolerance and dependence, and most guidelines limit their use to 4 weeks. The provider's request does not indicate the dose, quantity, or frequency of the medication in the request as submitted. Additionally, the injured worker has been prescribed Valium and the additional prescription would exceed the guideline recommendation for medication use of up to 4 weeks. Due to high risk of dependence, and since the injured worker has been previously prescribed Valium with no efficacy provided in the documentation for review, the medication would not be warranted. As such, medical necessity has not been established.

Hydrocodone 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for hydrocodone 10 mg is not medically necessary. California MTUS recommends 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 lack of documentation of objective findings of the injured worker's pain level and functional status and of evaluation for risk of aberrant drug abuse behavior and side effects. Again, frequency of the medication has not been provided in the request as submitted. As such, medical necessity has not been established.

One (1) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse (Tolerance, Dependence, Addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for One (1) urine drug screen is not medically necessary. California MTUS recommends a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and for the screening purpose of misuse and addiction. The documentation provided does not indicate the injured worker displayed any aberrant behaviors or drug seeking behaviors or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, medical necessity has not been established.

One (1) office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Office Visit

Decision rationale: The request for One (1) office visit is not medically necessary. The Official Disability Guidelines recommend office visits for the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured workers conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visits requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is lack of documentation on how an office visit would allow the provider to evolve in a treatment plan or goals for the injured worker. Additionally, rationale is not provided. As such, medical necessity has not been established.