

Case Number:	CM14-0022389		
Date Assigned:	05/09/2014	Date of Injury:	05/29/2003
Decision Date:	07/10/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/21/2014

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 and is licensed to practice in Illinois. 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 62-year-old male with a reported date of injury on 05/29/2003. The injury reportedly occurred when the injured worker was lifting suitcases and loading them on the bus and developed severe lower back/leg pain. His diagnoses were noted to include lumbar spinal stenosis and degenerative disc disease. His previous treatments were noted to include physical therapy, occupational therapy, lumbar surgeries, and pain medications. The medications were noted to include a Duragesic patch 75 mcg one (1) every two (2) days, hydromorphone 2 mg one (1) twice a day, Flexeril Extended-Release (ER) 50 mg as needed, Lidoderm patches, and Colace 100 mg three (3) to four (4) a day. The progress note dated 04/17/2014 reported the injured worker had not started physical therapy following surgery, and his radiating symptoms down his lower left extremity had improved at least 50%. The injured worker stated his back pain was 7/10 and it comes down to 5/10 with medications. The Request for Authorization Form was not submitted within the medical records. The request is for 60 capsules of Doc-Q-Lace 100 mg and 50 tablets of diazepam 5 mg. The provider's rationale was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOC-Q-LACE 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/doc-q-lace.html>; and <http://www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archived=44708>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, initiating therapy Page(s): 77.

Decision rationale: The injured worker does not have a history of constipation. The Chronic Pain Guidelines recommend prophylactic treatment of constipation to be initiated if prescribing opioids has determined to be appropriate. There is a lack of documentation regarding the efficacy of this medication as well as the intended use. The progress note dated 04/17/2014, reported the provider was attempting to wean the medication and it is unknown if the injured worker is continuing to take opioids. Therefore, it is unknown if Doc-Q-Lace 100 mg is appropriate at this time. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

DIAZEPAM 5MG #50: 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 previous progress note did not list diazepam on the injured worker's medication list. The Chronic Pain Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to four (4) weeks and their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The guidelines state chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to anticonvulsants and muscle relaxant effects occurs within weeks. The injured worker was taking an additional muscle relaxant earlier in 2014; however, it is unclear if the injured worker is continuing diazepam at this time due to a lack of documentation. There is also a lack of documentation regarding muscle spasms to warrant this medication. Therefore, due to the lack of documentation regarding current use of diazepam and muscle spasms to warrant this medication, it is unknown if diazepam is appropriate at this time. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.