

Case Number:	CM14-0023151		
Date Assigned:	05/14/2014	Date of Injury:	01/20/2011
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 & 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 60-year-old male who reported an injury on 01/20/2011. The mechanism of injury involved repetitive work activity. Current diagnoses include left knee internal derangement, right knee internal derangement, bilateral cervical radiculopathy, bilateral lumbar radiculopathy, left 1st carpometacarpal (CMC) arthritis, right elbow degenerative joint disease, right elbow medial and lateral epicondylitis, L4-S1 facet arthropathy, and C5-7 stenosis. The injured worker was evaluated on 02/25/2014. The injured worker reported persistent pain in the cervical spine, right elbow, low back, bilateral knees, and left hand and thumb. Current medications include Norco 10/325 mg and valium 2 mg. Physical examination revealed tenderness to palpation, guarding, intact sensation in the bilateral upper extremities, limited cervical range of motion, 5/5 motor strength in the bilateral upper extremities, absent reflexes in the bilateral upper extremities, positive cervical distraction testing, limited grip strength on the left, tenderness over the 1st CMC left thumb with positive grind testing, limited lumbar range of motion, intact sensation in the bilateral lower extremities, palpable tenderness of the lumbar spine with muscle guarding, 5/5 motor strength in the bilateral lower extremities, and limited left knee range of motion. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 5 MG, #30: 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: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The injured worker has utilized Valium 5 mg since 09/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

NORCO 10/325 MG# 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-98.

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 09/2013. The injured worker continues to report persistent pain. There is no documentation of objective functional improvement as result of the ongoing use of this medication. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.