

Case Number:	CM14-0025036		
Date Assigned:	06/13/2014	Date of Injury:	08/08/2002
Decision Date:	07/28/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 08/08/2002. The mechanism of injury was reported while the injured worker twisted in her chair, she felt a sharp pain in her lower back. The diagnoses included lumbosacral strain, disc herniation, laminectomy and discectomy, recurrent disc herniation, status post laminectomy, and early lumbar instability at L4-5 and L5-S1. Previous treatments include surgery and medication. Within the clinical note dated 01/28/2014, it reported the injured worker complained of low back and bilateral leg pain with numbness and weakness, right greater than left. Upon the physical examination, the provider noted the injured worker had difficulty with heel toe walking. He measured the injured worker had a positive straight leg raise test on the right and negative on the left. He noted she had diminished sensation in the dorsum of the foot extending to the anterior tibial area of the leg. Reflexes were diminished. She had full range of motion in her hip bilaterally. The provider requested Percocet, Norco, and Valium. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg #30 is not medically necessary. The injured worker complained of low back and bilateral leg pain and numbness and weakness, with right greater than left. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker had been utilizing the medication for an extended period of time since at least 11/2013. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request for Percocet 10/325 mg, #30 is not medically necessary.

NORCO 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The injured worker complained of low back and bilateral leg pain and numbness and weakness, with right greater than left. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. The injured worker had been utilizing the medication since at least November of 2013. Additionally, the use of a urine drug screen is not provided in the documentation submitted. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

VALIUM 10 MG #60: Upheld

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

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

Decision rationale: The request for Valium 10 mg #60 is not medically necessary. The injured worker complained of low back pain and bilateral leg pain with numbness and weakness, right greater than left. The California MTUS Guidelines do not recommend Valium, also known as a benzodiazepine, for long term use because the long term efficacy is unproven and there is risk of dependence. The guidelines limit the use of benzodiazepines to 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request submitted failed to provide the frequency of the medication. The injured worker had been utilizing the medication for an extended period of time since at least 11/2013, which exceeds the guidelines' recommendations of short term use of 4 weeks. Therefore, the request for Valium 10 mg #60 is not medically necessary.