

Case Number:	CM14-0033605		
Date Assigned:	03/21/2014	Date of Injury:	08/22/2006
Decision Date:	04/25/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 patient is a 51-year-old male who reported an injury on 08/22/2006. The mechanism of injury was not stated. The patient is currently diagnosed with herniated disc in the lumbar spine. The patient was recently seen by [REDACTED] on 01/24/2014. The patient reported persistent lower back pain as well as radiation to the right lower extremity with numbness and tingling. Physical examination revealed tenderness to palpation of the right SI joint, positive Faber testing, and positive Patrick's testing with decreased range of motion of the lumbar spine. Treatment recommendations at that time included continuation of current medication and compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid

induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has utilized Colace 100 mg since at least 05/2013. However, there is no documentation of chronic constipation or gastrointestinal events. There is also no evidence of a failure to respond to first line treatment, as recommended by Official Disability Guidelines. Based on the clinical information received, the request is non-certified.

QUAZEPAM (DORAL) 15MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Most guidelines limit the use to 4 weeks. As per the documentation submitted, the patient has utilized quazepam 15 mg since at least 10/2013. The medical necessity for the requested medication has not been established. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.