

<b>Case Number:</b>	CM14-0034869		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Neurology, has a subspecialty in 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:

2/12/14 PR-2 indicates the injured worker is having pain in the lumbar spine. The injured worker was assessed as having facet related pain and recommended for facet injections. MRI dated 1//27/13 is reported to show disc herniation and bilateral neuroforaminal narrowing. 6/26/12 EMG/NCV is reported to have been within normal limits. Examination reported positive SLR bilateral with pain on ROM of the lumbar spine. There was decreased sensation over the left anterior and posterior leg. The assessment was herniated nucleus pulposus, sleep deprivation, stress, anxiety and depression. 2/6/14 psychosocial pain management noted indicated evaluation and assessment that concluded depressed mood, chronic pain, fatigue, anxiety and nervousness. Treatment included Prozac, Buspar, Desyrel, and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Recommend retrospective request for 1 Medication: Dulcolax (Rx given) DOS 1/27/2014:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain, opioid-induced constipation treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid-induced constipation treatment.

**Decision rationale:** ODG guidelines support the use of a stool softening agent to avoid constipation related to chronic opioids.

**Recommend retrospective request for 1 medication: Norco 10/325 mg. # 120 (Rx given) DOS 1/27/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** The medical records support the injured worker has persistent pain that has not responded to more conservative treatment and that opioids are being used to ameliorate pain to improve function with an ongoing monitoring program for response to therapy.

**Recommend retrospective request for 1 medication: FexMid 7.5 mg # 120 (Rx given) DOS 1/27/2014:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, cyclobenzaprine.

**Decision rationale:** The medical records provided for review do not support the presence of ongoing muscle spasm in support of ongoing management with cyclobenzaprine as this medication is not supported for long term use beyond initial use period 3 weeks.

**Recommend retrospective request for 1 medication: Valium 10 mg. # 120 (Rx given) DOS 1/27/2014:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

**Decision rationale:** The medical records provided for review support the injured worker was prescribed zanax for reported condition of anxiety. Combination of valium with xanax is not supported due to risk of inappropriate dosing and interaction of combined medications of this class. Therefore, Valium 10 mg. # 120 (Rx given) DOS 1/27/2014 is not medically necessary.