

Case Number:	CM14-0037802		
Date Assigned:	06/25/2014	Date of Injury:	08/04/1981
Decision Date:	07/23/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	03/31/2014

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 Occupational Medicine 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 an 84 y/o male, DOI 8/4/81. He deals with chronic pain secondary to post laminectomy syndrome. He is reported to have neurological damage with a foot drop. He uses a walker for assistance and it is reported that medications are given via staff at the residential care home. No urine drug testing is reported to make sure there is no diversion. He completed a course of physical therapy (number unknown) and a request for an additional 8 sessions was made as he states it helps his pain by 50%. There is no corresponding change in medications secondary to the P.T. It is documented that the physical therapy includes massage sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): page(s) 98,99.

Decision rationale: MTUS Guidelines recommend limited physical therapy for chronic conditions. For an occasional flare-up a few sessions to renew self management skills may be

reasonable, but the records appear to support a request for extended and near continuous physical therapy. Guidelines support 8-10 sessions as adequate for initial therapy for chronic soft tissue pain, recurrent therapy would not be provided at the same amounts. The request for an 8-session extension of physical therapy is not medically necessary.

Diazepam 5mg tablet, Quantity: 30 Refills: 1: 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): page(s) 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.bhsbaltimore.org/site/wp-content/uploads/2013/09/Benzo-Guidelines-FINAL-May-2013.pdf>.

Decision rationale: MTUS Guidelines do not recommend use of Benzodiazepines beyond 4 weeks. It appears that they are being utilized on a nightly basis as a sleep aid. The rationale for this pattern of use vs. recommended medications is not documented in the chart. In addition, another sedative is also being utilized. Combining a Benzodiazepine with Methadone is generally discouraged in particular for Valium. There does not appear to be any extenuating circumstances justifying an exception to the Guideline recommendations. The Diazepam 5mg tablet, quantity #30 with 1 refill is not medically necessary.

Methadone 10mg tablet Quantity: 180 Refills: 0 do not fill until 4/4/14: Overturned

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 Opioids when to continue Page(s): 80.

Decision rationale: It appears that the Methadone has been utilized at this level for many years and it appears that the patient is as functional as one could expect given the age and injury. It is documented that the Methadone has a positive effect on activity levels and quality of life. There is no documentation of addictive behaviors. Ideally, one would like to see that drug testing is periodically performed given the fact that the meds are dispensed to him, however this is not adequate justification to deny or change the medication. Therefore, the request is medically necessary.

Methadone 10mg tablet, Quantity: 180 do not fill until 5/2/14: Overturned

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 Opioids when to continue Page(s): 80.

Decision rationale: It appears that the Methadone has been utilized at this level for many years and it appears that the patient is as functional as one could expect given the age and injury. It is documented that the Methadone has a positive effect on activity levels and quality of life. There is no documentation of addictive behaviors. Ideally, one would like to see that drug testing is periodically performed given the fact that the meds are dispensed to him, however this is not adequate justification to deny or change the medication. Therefore, the request is medically necessary.