

Case Number:	CM14-0041769		
Date Assigned:	06/30/2014	Date of Injury:	11/14/2004
Decision Date:	10/17/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 68 year old male who reported an injury to his neck and mid and low back on 11/14/04. The clinical note dated 01/04/14 indicates the injured worker continuing with complaints of mid and low back pain. Upon exam, no reflex, sensory, or strength deficits were identified. The clinical note dated 02/20/14 indicates the injured worker utilizing Norco for pain relief. The injured worker had been recommended for aquatic therapy as well. The clinical note dated 03/26/14 indicates the injured worker continuing with normal sensory and reflex testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), On-Line, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The use of a urine drug screen is indicated for injured workers who continue with opioid therapy. There is an indication the injured worker is currently utilizing opioids to address the ongoing low back complaints. Given the ongoing use of opioid therapy, this request

is reasonable in order to monitor the injured worker's compliance with the prescribed drug regimen. This request is medically necessary.

Valium 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines for Chronic Pain

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

Decision rationale: Benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic use of benzodiazepines is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. Therefore this request is not medically necessary.

Aqua therapy two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), On Line Treatment Guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 23.

Decision rationale: Aquatic therapy is indicated for injured workers who are unable to perform land based activities. No information was submitted regarding the injured worker's significant functional deficits resulting in the inability to perform land based activities. Therefore, this request is not indicated as medically necessary.