

Case Number:	CM14-0043167		
Date Assigned:	08/06/2014	Date of Injury:	03/09/2011
Decision Date:	09/10/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/10/2014

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 Nevada. 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 45-year-old female who was reportedly injured on March 9, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 7, 2014 indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'3, 140 pound individual in no reported distress. A decrease in lumbar spine range motion was reported. Diagnostic imaging studies objectified ordinary disease of life degenerative changes, a small disc herniation (1.3mm) and a normal appearing diagnostic assessment. Previous treatment included present injections, multiple medications, chiropractic care, physical therapy and other pain interventions. A request was made for multiple medications and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #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: When noting the date of injury, the amount of time that this medication has been employed and by the physical examination reported as well as the parameters outlined in the California Medical Treatment Utilization Schedule, this medication is not recommended for long-term use as the sequelae are unproven; there is a risk of dependence, and other untoward side effects. Therefore, when noting the multiple pain medicine interventions, and the current physical examination, there is no efficacy reported of any clinical indication for the medical necessity of the ongoing uses medication.

Fexmid 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41, 64.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, the only support for such muscle relaxant medications is for short-term treatment of pain. When noting the date of injury, the multiple clinical evaluations completed, the lack of any significant improvement relative to complaints or finding of a physical examination, there is no noted efficacy with use of this medication, that is unsupported the California Medical Treatment Utilization Schedule. As such, the medical necessity has not been established.

Norco 10/325mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: When considering the date of injury, the injury sustained, the marginal degenerative pathology noted on magnetic resonance image and by the parameters outlined in the California Medical Treatment Utilization Schedule that indicated this medication is for the short-term management of moderate to severe breakthrough pain, and noting this medication has been used for an extended period of time and there is no noted efficacy or utility with this medication, there is no clinical indication to establish the medical necessity for ongoing use.

Ducolax 5mg #60: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of a stool softener for prophylactic treatment of constipation when starting opiate therapy. As the Norco is not considered medically necessary as above; the stool softener is not required. Furthermore, Colace is available as a generic over-the-counter product without a prescription. This request is not considered medically necessary.

Motrin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication, which has some indication for chronic low back pain. However, when noting the claimant's diagnosis and signs/symptoms, the lack of any improvement noted in any the progress notes of the last 6 months, there is no clinical indication for the use of this medication and as there is no noted efficacy, utility or clinical indication of success in addressing the pain complaints.

Prilosec 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The progress notes presented for review indicate ongoing gastritis. Therefore, there is a clinical indication for the use of this medication to address the sequelae of the medications.