

Case Number:	CM14-0050350		
Date Assigned:	06/25/2014	Date of Injury:	07/19/2012
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological Surgery 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 injured worker is a 26-year-old male injured on 7/19/2012. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 5/29/2014 indicates that there are ongoing complaints of low back and bilateral leg pain. The physical examination demonstrated lumbar spine positive tenderness to the paraspinal lumbar muscles, spasm in guarding noted. Positive straight leg raise on the left. Decreased sensation to touch along the S1 distribution of the right leg. Deep tendon reflexes of the lower extremities 2+. Diagnostic imaging studies include an MRI (magnetic resonance imaging) of the lumbar spine from 2012 which reveals degenerative changes at L4-5 and L5-S1 where disc bulging and disc protrusion are evident. Previous treatment includes epidural steroid injections, chiropractic treatments medications to include Norco, Naprosyn, and Flexeril. A request had been made for Valium 5mg #40, Norco 10/325mg #90, and was not certified in the pre-authorization process on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Valium 5mg #40: 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): 24.

Decision rationale: Valium is a benzodiazepine that is not recommended by the MTUS guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a second line agent for the treatment of acute, severe, muscle spasms. This medication and all benzodiazepines, have a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. After review of the medical records, there is no medical documentation stating any type of mental health disorder to include anxiety or panic disorders. There was also not documented failure of approved/recommended first-line agents for the treatment of the injured workers associated diagnoses. Thus, the request for this medication is deemed not medically necessary.

Prospective request for one (1) prescription of Norco 10/325mg #90: 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): 75-78.

Decision rationale: Norco is a short-acting opioid combined with acetaminophen. The CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case, the injured worker suffers from chronic low back pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.