MAXIMUS Federal Services

Case Number:	CM14-0062359		
Date Assigned:	07/11/2014	Date of Injury:	03/30/2001
Decision Date:	09/15/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 records presented for review indicate that this 74-year-old female was reportedly injured on March 30, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of back pain radiating to the lower extremities. Current medications were stated to include MiraLAX, Zanaflex, MS Contin, Norco, Valium, Ambien, and Lidoderm patches. The physical examination demonstrated tenderness over the facet joints from L3-S1 as well as over the injured vertebral disc spaces of the lumbar spine. There was pain with lumbar extension and a positive right-sided straight leg raise test at 60. Bilateral hip strength was rated at 4+/5. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Ensure liquid, MS Contin, Norco, and Valium and was not certified in the pre-authorization process on April 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ensure Liquid: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000206.htm.

Decision rationale: Ensure is a liquid intended as part of a full liquid diet. There is no indication that Ensure liquid is indicated for the treatment of low back pain. Therefore, this request for Ensure liquid is not medically necessary.

MS Contin 30mg CR Qty:90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93 of 127.

Decision rationale: The California MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. 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. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for MS Contin is not medically necessary.

Norco 10/325mg Qty:120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at 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. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Valium 10mg Qty:90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Valium is a benzodiazepine indicated for the treatment of anxiety and panic disorders. The California MTUS guidelines do not support Valium for long-term use because long-term efficacy is unproven and there is a risk of dependence. This request for 90 tablets indicates long-term usage and there is no diagnosis of anxiety or panic disorder in the attached medical record. As such, this request for Valium is not medically necessary.