

Case Number:	CM14-0063643		
Date Assigned:	07/11/2014	Date of Injury:	03/17/2005
Decision Date:	08/14/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 Texas and Ohio. 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 60-year-old male who reported an injury on 03/17/2005. The mechanism of injury was not provided. On 03/07/2014, the injured worker presented with increased pain in the lower back with radicular symptoms to the bilateral lower extremities. Upon examination of the lumbar spine, there were trigger points and taut bands upon palpation and tenderness noted throughout. There was decreased range of motion. There was decreased sensory examination over the posterolateral thigh and lateral calf with a positive straight leg raise to the right. Prior therapy included an epidural steroid injection, a lumbar facet ablation, and medications. Current medications include Norco, Soma, Prilosec, and Valium. The diagnoses were lumbar myoligamentous injury with moderate disc protrusion and severe foraminal narrowing right greater than left at the L4-5, bilateral lower extremities radiculopathy, right shoulder internal derangement, reactionary depression and anxiety, and medication-induced gastritis. The provider recommended Norco, Soma, and Valium. The provider stated that Norco and Soma allowed the patient to function throughout the day and Valium is effective to manage his anxiety. The request for authorization from was not include in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78..

Decision rationale: The request for Norco 10/325 mg #360 is non-certified. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug-abuse behavior, and side effects. Additionally, the injured worker has been prescribed Norco since at least 02/2014. The efficacy of the medication was not provided. The provider's request for Norco 10/325 mg #360 did not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.

Prescription of Soma, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): page(s) 29.

Decision rationale: The request for Soma #90 is non-certified. The California MTUS do not recommend Soma. The medication is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. The included documentation notes that the injured worker has been prescribed Soma since at least 02/2014; the efficacy of the medication was not provided. Additionally, the guidelines do not recommend Soma, so this medication would not be indicated. The provider's request does not indicate the dose or frequency of the requested medication. As such, the request is non-certified.

Prescription of Valium #30: Upheld

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

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

Decision rationale: The request for prescription of Valium #30 is non-certified. The California MTUS Guidelines state benzodiazepines are not recommended due to rapid development of tolerance and dependence; most guidelines limit the use to 4 weeks. The injured worker has been prescribed Valium since at least 02/2014; the efficacy of the medication was not provided. Additionally, the provider's request for Valium #30 exceeds the guideline recommendation of

short-term therapy. The provider's request does not indicate the dose or frequency of the Valium in the request as submitted. As such, the request is non-certified.