

Case Number:	CM14-0066489		
Date Assigned:	07/11/2014	Date of Injury:	09/15/2009
Decision Date:	09/17/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 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:

This is a 53-year-old gentleman with an injury date on September 15, 2009. The mechanism of injury is from lifting a heavy box of bricks. The most recent progress note, on March 25, 2014, indicates that there are ongoing complaints of low back pain with numbness and tingling in the left leg. The physical examination demonstrated an antalgic gait and tenderness over the lumbar spine and paravertebral muscles. There was decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine show evidence of the previous lumbar spine surgery and a disc herniation at L2 - L3. Previous treatment includes an L4 - L5 fusion and subsequent lumbar decompression at L5 - S1. A request had been made for Strazepam and Theraproxen and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 90 Strazepam (dosage unspecified) between 3/25/2014 and 3/25/2014: Upheld

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

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://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=26140>.

Decision rationale: Strazepam is a medication indicated for the short-term usage of insomnia, usually for 7 to 10 days at a time. Progress notes on March 25, 2014, do not indicate any issues with insomnia and this request for 90 tablets does not indicate short-term use. Considering this, the request for Strazepam is not medically necessary.

Retrospective 120 Theraproxen 500 between 3/25/2014 and 3/25/2014: 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://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=42383>.

Decision rationale: Theraproxen is an anti-inflammatory medication. Anti-inflammatories are the first line of treatment to reduce pain so activity in functional restoration can resume. Long term use may be warranted. It is recommended that the lowest effective dose for the shortest duration consistent with individual patient treatment goals be used. As this request is for 500 mg, the highest dose, with 120 tablets, this request for Theraproxen is not medically necessary.