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| Case Number: | CM14-0102794 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 06/10/2002 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 06/14/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48 year old male, who sustained an industrial injury on 6/10/2002. Diagnoses include lower leg pain, lumbago, lumbar degenerative disc disease and lumbar facet arthropathy. Treatment to date has included medications including Oxycodone and Cymbalta. Per the Primary Treating Physician's Progress Report dated 5/28/2014, the injured worker reported having to go to the ER twice over the past month due to uncontrolled pain. He is out of his Oxycodone. Pain is currently rated as 7/10. Physical examination of the back is described as no muscle spasticity and spasm, non-tender. The plan of care included refill of medications and laboratory evaluation and authorization was requested for Imodium 2/125 #90, Promethazine 25mg #90, Cymbalta 30mg #30, Valium 5mg #90, and a complete metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, 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: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no evidence of functional improvement with the previous use of Valium. Therefore, the prescription of Valium (Diazepam) 5mg #90 is not medically necessary.

Retrospective request for Comprehensive Metabolic Profile (CMP) DOS: 5/28/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/comprehensive-metabolic-panel-topic-overview>.

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of metabolic panel. The latter can be used to monitor a systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rationale behind ordering this test. There is no documentation of organ damage or drug side effect requiring a metabolic panel. Therefore, the request for Retrospective request for Comprehensive Metabolic Profile (CMP) DOS: 5/28/2014 is not medically necessary.