

Case Number:	CM14-0202509		
Date Assigned:	12/15/2014	Date of Injury:	10/27/2002
Decision Date:	02/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/03/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 34 year old female with date of injury 10/27/02. The mechanism of injury is stated as hurting her back while lifting a heavy patient. The patient has complained of low back pain with right leg radicular pain since the date of injury. She has been treated with physical therapy, chiropractic therapy and medications. MRI of the lumbar spine dated 05/2014 revealed degenerative disc disease at L5-S1 with moderate effacement of the left S1 nerve roots. Objective: decreased and painful range of motion of the lumbar spine; positive straight leg raise on the right. Diagnoses: low back pain, osteoarthritis, lumbar spine radiculitis. Treatment plan and request: Valium, Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Diazepam 5mg #60: Upheld

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

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

Decision rationale: This 34 year old female has complained of low back pain with right leg radicular pain since date of injury 10/27/02. She has been treated with physical therapy, chiropractic therapy and medications to include benzodiazepines since at least 07/2012. The current request is for Valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Valium is not indicated as medically necessary in this patient.

1 prescription of Oxycodone 30mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 34 year old female has complained of low back pain with right leg radicular pain since date of injury 10/27/02. She has been treated with physical therapy, chiropractic therapy and medications to include opioids since at least 07/2012. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.