

Case Number:	CM14-0207980		
Date Assigned:	12/19/2014	Date of Injury:	02/27/2001
Decision Date:	03/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 has a date of injury of 2/27/01. He is being treated for chronic low back pain with radiation to bilateral lower limbs. Current pain regimen includes ibuprofen, aspirin, acetaminophen, Duragesic, Cymbalta, diazepam, ketorolac, Percocet and Soma. Pain levels are recorded at 6/10 with pain medications and 9/10 without. Request is being made for continuation of diazepam 5 mg and oxycodone 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Diazepam 5mg, #30: Upheld

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

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

Decision rationale: The injured worker is being treated for chronic low back pain. Long-term use of benzodiazepines are being requested. MTUS guidelines recommended against long-term

use benzodiazepines. Most guidelines limit use to 4 weeks. Request for continuation is beyond 4 weeks. Request for diazepam 5 mg #30 is therefore not medically necessary.

Prescription of Oxycodone HCL 30mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The injured worker is being treated for chronic low back pain. Long-term use of oxycodone 30mg is being requested. MTUS guidelines recommends continuation of opioid therapy for patients who have returned to work or has demonstrated improved pain and functioning. In the case of this injured worker, neither conditions has been met. The request is therefore not medically necessary.