MAXIMUS Federal Services

Case Number:	CM15-0005917		
Date Assigned:	01/26/2015	Date of Injury:	10/17/2006
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: Emergency 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 43 year old who sustained an industrial injury dated 10/17/2006. She states she was lifting a shelf and heard a pop in her left lower back. At visit dated 11/19/2014 she was complaining of a pinching sensation in the lumbar spine. Physical exam noted slightly anta lgic gait with painful heel and toe ambulation. On palpation pain was noted on lumbar 4-5. Range of motion was limited and documented as: "Patient can barely flex to 25-30 degrees." Straight leg raising was positive.Prior treatment included MRI done on 08/08/2012 showing early degenerative changes in lumbar spine with border line center spinal canal stenosis at lumbar 4-5 without foraminal stenosis, lumbar 5-sacral 2 mild broad-based posterior disc bulge with accentuated component in the right foraminal/far lateral region and lumbar 4-5 mild broad based disc bulge with tiny 2 mm central disc protrusion. Other treatment included medications. Diagnosis was lumbar strain, lumbar degenerative disc disease and bilateral ankle swelling. On 12/23/2014 Utilization Review non-certified the request for Norco 10/325 # 60 as not medically necessary with weaning recommended. One month was approved for weaning. Rationale cited was the specifics regarding significant functional benefit are not identified and there is no documentation of a urine drug screen performed. MTUS Guidelines were cited.The request for Valium 2 mg # 30 was also non-certified as not medically necessary with weaning recommended. One month was approved for weaning. Rational cited was long term use is not recommended and the patient does not have a diagnosis of anxiety. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Norco 10/325mg #60 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has a slightly antalgic gait with painful heel and toe ambulation. On palpation pain was noted on lumbar 4-5. Range of motion was limited and documented as: "Patient can barely flex to 25-30 degrees." Straight leg raising was positive. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening.The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary.

Valium 2mg #30: Upheld

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

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

Decision rationale: The requested Valium 2mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk ofdependence." The injured worker has a slightly antalgic gait with painful heel and toe ambulation. On palpation pain was noted on lumbar 4-5. Range of motion was limited and documented as: "Patient can barely flex to 25-30 degrees." Straight leg raising was positive. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use.The criteria noted above not having been met, Valium 2mg #30 is not medically necessary.