MAXIMUS Federal Services

Case Number:	CM15-0018339		
Date Assigned:	02/09/2015	Date of Injury:	09/18/2000
Decision Date:	04/06/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/30/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71-year-old female who reported an injury on 09/18/2000 due to an unspecified mechanism of injury. On 12/16/2014, she presented for a follow up evaluation. She reported a long history of chronic low back pain and was requesting medications including diazepam, Norco, and Flexeril. She noted that these medications helped her deal with her chronic pain symptoms and that no adverse reactions were reported at that point. She did notice that she had significantly increased back pain with radicular complaints predominantly in the left side as compared to the right. The neurologic examination showed no change. The treatment plan was for Norco 10/325 mg #60, Flexeril 10 mg #40, and diazepam 10 mg. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 41-42, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. There is a lack of documentation showing a quantitative decrease in pain or an objective improvement in function with use of this medication to support its continuation. Also, no official urine drug screens were provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Flexeril 10MG #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 41-42, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that nonsedating muscle relaxants are recommended for the short term treatment of low back pain. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, it is unclear how long she has been using Flexeril, and without this information, continuing would not be supported as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Diazepam 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 41-42, 24.

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

Decision rationale: The California MTUS Guidelines indicate that benzodiazepines are not indicated for long term use because long term efficacy is unproven and there is a risk of dependence. The documentation provided does not show that the injured worker is having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, it is unclear how long she has been using diazepam for treatment, and without this information continuing would not be supported as it is only recommended for short term treatment. Furthermore, the quantity of the medication and the frequency was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.