

Case Number:	CM15-0130434		
Date Assigned:	07/16/2015	Date of Injury:	11/22/2004
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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 33 year old male who sustained an industrial injury on 11/22/14. The mechanism of injury is unclear. He complained of low back pain with muscle spasm, tremors and anxiety but under better control with Valium. His pain level was 7/10. He was in the emergency room on 5/27/15 for flare up of low back pain and was given Toradol injection, Norco and Valium. Medications were Methadone, Zoloft, hydroxyzine, Fentanyl patch, Oxycodone, Valium, MS Contin. Diagnoses include depression; lumbago; lumbar degenerative disc disease; bulging lumbar disc. Treatments to date include medications; psychological therapy; lumbar epidural steroid injection; acupuncture, chiropractic treatments. In the progress note dated 6/11/15 the treating provider's plan of care included requests for Valium 5 mg # 45 no refills; MS Contin 200 mg # 45 no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: As per MTUS Chronic pain guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance develops within weeks. Patient has been using this for at least 1 month for muscle spasms. Prescription and number of tablets is not consistent with short intermittent use. A benzodiazepine in combination with large amount of opioids patient is currently on has a high risk for over sedation and other complications. Valium is not medically necessary,

MSER/MS Contin ER 200mg #45 2 week supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: As per MTUS Chronic pain guidelines, chronic use of opioids require documentation of the objective signs of improvement in analgesia and activity along with monitoring for adverse events and aberrant behavior, commonly called the "4 A's". Provider has documented worsening pain and continued poor objective functional status. The amount of opioids patient is currently on is inappropriate. MTUS guidelines do not recommend more than 120mg Morphine Equivalent Dose (MED) a day while the patient is currently on 400mg MED a day of morphine alone (not including oxycodone). Utilization review has partially certified MSER and oxycodone for continued weaning. This requested medication dose is not appropriate for chronic pain and is not medically necessary. Weaning should continue as per UR plan.