

Case Number:	CM15-0036492		
Date Assigned:	03/05/2015	Date of Injury:	09/16/2010
Decision Date:	05/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona
 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 is a 42-year-old female who reported an injury on 09/16/2010. The injured worker reportedly suffered a low back strain when she forcefully pushed a pallet to prevent it from falling on her. The current diagnoses include lumbosacral radiculopathy, lumbosacral spondylosis without myelopathy, facet joint syndrome, and lumbar disc herniation. The injured worker presented on 01/30/2015 for a follow-up evaluation with complaints of 8/10 low back pain with radiating symptoms into the left lower extremity. It was noted that the injured worker was status post a lumbar discectomy at L5-S1 in 12/2012. The injured worker was utilizing lactulose, Nucynta ER, Ambien, Neurontin, Soma, diazepam, Norco, and Percocet. Upon examination of the lumbar spine, there was tenderness in the right and left lumbar paravertebral regions, severe tenderness over the left L5 paravertebral region, spasm in the L4-S1 levels, tenderness at the left sacroiliac joint, positive Faber's test, positive shear test, positive stork test, positive straight leg raise on the left at 40 degrees, diminished sensation in the left L5 and S1 distribution, and 4/5 motor weakness in the left lower extremity. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg 2 tablets at HS as needed sleep #56: 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 Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. It was also noted that the injured worker's prescription for diazepam 10 mg was listed under medications that had been discontinued. There is no indication that this injured worker currently utilizes the above medication. Given the above, the request is not medically appropriate.

Percocet 10mg 1 tablet 4 times per day as needed #112: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has utilized the above medication since 09/2014. There is no documentation of objective functional improvement. There is no evidence of a failure of nonopioid analgesics. There is also no documentation of a written consent or agreement for chronic use of an opioid. Given the above, the request is not medically appropriate at this time.

Norco 10mg 1 tablet 4 times per day as needed for pain #112: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has utilized the above medication since 09/2014. There is no documentation of objective functional improvement. There is no evidence of a failure of nonopioid analgesics. There is also no documentation of a written

consent or agreement for chronic use of an opioid. Given the above, the request is not medically appropriate at this time.

Soma 325mg 1 tablet as needed for 28 day #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since 09/2014. Guidelines would not support long term use of this medication. Despite the ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm upon examination. There is no evidence of objective functional improvement. Given the above, the request is not medically appropriate.