

Case Number:	CM15-0039279		
Date Assigned:	03/09/2015	Date of Injury:	01/12/2007
Decision Date:	04/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old female, who sustained an industrial injury on January 12, 2007. The injured worker had reported a back injury. The diagnoses have included chronic low back pain, right lower extremity sciatica, chronic lumbar strain and lumbar intervertebral disc degeneration. Treatment to date has included medications, radiological studies, chiropractic care, epidural steroid injections and the use of a transcutaneous electrical nerve stimulation unit. Most current documentation dated October 15, 2014 notes that the injured worker complained of low back pain and spasms with radiation to the bilateral lower extremities worse on the right. Physical examination of the lumbar spine revealed moderate tenderness in the right lower paraspinal region extending into the right sacroiliac joint region. Seated straight leg raise was negative bilaterally. Sensation was decreased to light touch in the lumbar four and lumbar five dermatomes of the right lower extremity. The treating physician's recommended plan of care included Norco to manage her pain and Valium for relief of back spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old female has complained of low back pain since date of injury 1/12/07. She has been treated with physical therapy, epidural steroid injections, chiropractic therapy, TENS and medications to include opioids since at least 07/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Valium 10mg #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(s): 24.

Decision rationale: This 50 year old female has complained of low back pain since date of injury 1/12/07. She has been treated with physical therapy, epidural steroid injections, chiropractic therapy, TENS and medications to include valium since at least 07/2014. The current request is for valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long-term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, valium is not indicated as medically necessary in this patient.