

Case Number:	CM15-0041887		
Date Assigned:	03/12/2015	Date of Injury:	08/27/1999
Decision Date:	04/21/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii

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 47-year-old female, who sustained an industrial injury on August 27, 1999. The injured worker reported neck and back pain. The injured worker was diagnosed as having cervical sprain/strain, migraine headaches, fibromyalgia, lumbar strain/sprain, disc bulges, bilateral radicular symptoms and status post left tibia fracture and knee pain. Treatment to date has included magnetic resonance imaging (MRI), epidural steroid injection, lumbar facet injection and oral medication. A progress note dated February 11, 2015 the injured worker complains of neck pain radiating down both arms with numbness and tingling, low back pain radiating down the legs, persistent headaches and left knee pain. She rates the pain as 6/10 with medication. Physical exam notes an antalgic gait, cervical tenderness and lumbar tenderness. The plan is continue oral medication, physical therapy, lab tests and neurodiagnostic tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Upheld

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

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

Decision rationale: The patient presents with cervical & lumbar spine pain and headaches. The current request is for Valium 10mg #30. The treating physician states, Valium 1 per day for anxiety and muscle spasm. I am requesting authorization for the patient to continue Valium (4C) the patient rates the pain as 6/10 with medications and 10/10 without medications. The MTUS guidelines state, 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. In this case, the treating physician has documented that the patient has a decrease in pain with this medication but the patient has been taking this medication since at least November 2014, which would exceed the recommended guideline of 4 weeks. The current request is not medically necessary and the recommendation is for denial.

1 lab study to include comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The patient presents with cervical & lumbar spine pain and headaches. The current request is for 1 lab study to include comprehensive metabolic panel. The treating physician states, I am requesting authorization for comprehensive metabolic testing due to prolonged medication usage, this specifically to check liver function and renal function. The MTUS guideline under NSAIDs does discuss periodic lab monitoring of CBC and chemistry profile including liver and renal function tests. The MTUS guidelines state monitoring of CBC is recommended when patient is taking NSAIDs and the MTUS guidelines do show some support for CBC and chemistry profile for liver and renal functioning for patient who are currently taking NSAIDs. In this case, the treating physician has documented that the patient is taking Norco, Oxycontin, and Valium which are not NSAIDs. Norco does contain acetaminophen but the medical records provided do not indicate the daily intake of acetaminophen is enough to warrant serologic surveillance. The current request has not established medical necessity and the recommendation is for denial and not medically necessary.