

Case Number:	CM14-0119879		
Date Assigned:	09/16/2014	Date of Injury:	06/07/1993
Decision Date:	10/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old female who was reportedly injured on 06/07/1993. According to the progress report dated 07/15/2014, the injured worker complained of severe back pain with muscle spasms, graded as a level 9/10, at best 5/10 with medication and 10/10 without medication. The injured worker had fallen several times due to severe cramps in her back and legs. Treatment to date included a transcutaneous electrical nerve stimulation unit, Norco, oxycodone, Valium and Flexeril. Physical examination revealed limited lumbar range of motion, bilateral straight leg raise at 80 degrees causing some left sided back pain. The examiner also reported non-radiating and lumbar trunk muscle spasm with loss of normal lordotic curvature. Diagnoses included low back pain with flare-up and lumbar strain/sprain with lumbar degenerative joint disease. Urine drug screens were appropriate. The injured worker reported a 50% pain reduction and improvement in activities of daily living with medication. A request for Norco 10/325mg #120 and Valium 10mg #45 was not certified on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The injured worker is also taking oxycodone. Use of multiple opioids has not been shown to be effective and increases the risk of overdose and death. The request is therefore not medically necessary per MTUS.

1 Prescription of Valium 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Valium (diazepam), Updated July 10, 2014

Decision rationale: Diazepam (Valium) is not recommended because of risks of dependency and abuse. Use with opioids increases the risk of overdose and death. The injured worker is already taking another "muscle relaxer," Flexeril, with a better safety profile. The request therefore does not meet evidence-based criteria and is not medically necessary per ODG.