

Case Number:	CM14-0122275		
Date Assigned:	09/16/2014	Date of Injury:	01/12/2005
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine, and is licensed to practice in Utah. 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 patient is a 54-year-old with a date of injury of December 12, 2005. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with lower back pain, and leg pain. The patient's treatments have included OTC medication, and prescription medications. The physical exam findings dated July 17, 2014 shows the patient with severe tenderness and tightness across the lumbosacral region. He was unable to perform a flexion or extension due to muscle spasms and pain flare. There was noted Hypoesthesia of the posterolateral left leg and diffuse hypoesthesia of the medial lateral aspects of bilateral arms. The patient's medications have included, but are not limited to, MS Contin, Diazepam, Ambien, Lidocaine, and Soma. The request is for MS Contin and Valium. The Patient has been on these medications greater than 6 months, at least since November 2013, where there was an increase in dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100 mg, 130 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines long-Term Users of Opioids Page(s): 78-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MS Contin. A taper or weaning of this medication was recommended. The patient has also been prescribed more than the maximum recommended amount of MS contin in a daily. The patient's pain level appears to be unchanged and no functional improvements have been documented. A modified request has been approved. Therefore, the request for MS Contin 100 mg, 130 count, is not medically necessary or appropriate.

Valium 10 mg, 56 count: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Valium. The Chronic Pain Medical Treatment Guidelines state the following: recommended for 4 weeks use. There is a previous weaning that has been recommended on May 19, 2014. There is a modified request that was approved. According to the clinical documentation provided and current Chronic Pain Medical Treatment Guidelines; Valium as written above is not indicated as a medical necessity to the patient at this time. Therefore, the request for Valium 10 mg, 56 count, is not medically necessary or appropriate.