

Case Number:	CM14-0147786		
Date Assigned:	09/15/2014	Date of Injury:	10/12/2013
Decision Date:	10/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported a work related injury on 10/12/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of status post fusion at L5-S1 and bilateral lumbar radiculitis. Past treatment has included physiotherapy, back brace, crutches, medications, home exercise, and surgical interventions. The injured worker had MRI of the lumbar spine on 11/18/2013 and an x-ray of the lumbar spine dated 07/16/2014. The diagnostic tests revealed posterior fixation at L5-S1. Surgical history includes on 07/01/2014, the injured worker underwent an L5-S1 posterior spinal fusion; posterior spinal instrumentation; transforaminal lumbar interbody fusion; decompressive laminectomy; facetectomy including transfacet; transpedicular decompression; synthetic intervertebral cage for arthrodesis at L5-6; pin and screw distraction for correction of the spine; autograft harvest through separate fascial incision, morselized, for intervertebral, as well as a posterolateral fusion. Upon examination on 08/15/2014, the injured worker complained of pain which he rated 10/10 on a VAS. His lower back and right leg are completely numb. Upon physical assessment, it was noted that the injured worker was unable to cooperate because movements caused him so much pain. It was noted within the documentation that the injured worker has pain in his hip and thigh. He also coughed. The injured worker's medications include Norco and Valium. The treatment plan consisted of Norco, Valium, and chiropractic therapy. The rationale for the request and a request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg RFA 8-15-14 QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78-80, 124, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The request for Norco 10-325mg RFA 8-15-14 QTY: 120.00 is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment, current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as most important in monitoring pain relief and side effects and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. In regard to the injured worker, he complained of pain which he rated as 10/10. It was also noted that the injured worker was unable to cooperate with the movements of the physical exam because the patient was in so much pain. However, the documentation does not provide evidence of significant pain relief and functional improvement as a result of continued opioid use. Medication use and side effects would need to be provided for review in order to continue. Additionally, to accurately determine whether the continuation of Norco is medically necessary. Documentation clearly specifying significant pain relief, objective functional improvements, appropriate medication use, and side effects should be present. Therefore, the request for Norco 10-325mg RFA 8-15-14 QTY: 120.00 is not medically necessary.

Valium 5mg RFA 8-15-14 QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78-80, 124, 24.

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

Decision rationale: The request for Valium is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Valium may be used for treating muscle spasms. It must only be used for short term. However, the injured worker has been using Valium for several weeks. Additionally, the submitted records lack evidence indicating the long term necessity of the requested medication. The guidelines do not support the long term use of benzodiazepines. Therefore, the request for Valium is not medically necessary.

