

Case Number:	CM14-0040330		
Date Assigned:	06/27/2014	Date of Injury:	03/06/2008
Decision Date:	07/28/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/04/2014

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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; lumbar fusion surgery; psychological counseling for derivative complaints of depression; epidural steroid injection therapy; a cane; and physical therapy. In a Utilization Review Report dated February 27, 2014, the claims administrator denied request for Nucynta and Valium. In an April 25, 2013 progress note, the applicant was described as having persistent complaints of low back pain. The applicant stated that spinal cord stimulator trial was successful. The applicant was described as using Zanaflex, Zantac, Norco, Lidoderm, diazepam, Nucynta, fluoxetine, and Motrin as of this point in time. The applicant's depression was reportedly severe. The applicant was using diazepam, however, on a p.r.n. basis for spasm, it is stated. The applicant was obese, with BMI of 34. On June 2, 2014, the applicant was again described as having persistent complaints of low back pain, 9/10. The applicant stated that he had heightened complaints of spasms and could not perform basic household tasks. The applicant was on Valium, Skelaxin, Zanaflex, Zantac, Norco, Lidoderm, diazepam, Nucynta, fluoxetine, and ibuprofen as of that point in time. The applicant's BMI was again described as 34. Norco was refilled. It was suggested that the applicant would undergo fusion hardware removal and would plan on undergoing a permanent implantation of a spinal cord stimulator. The attending provider stated that the goal of opioid therapy was to increase analgesia and function and that he saw no evidence of adverse side effects. The attending provider did not elaborate upon what activities of daily living had been ameliorated, however. It did not appear that the applicant was working, although the applicant was apparently returned to regular work on paper. There is no mention or discussion of the applicant's job tasks or job duties. On a March 31, 2013 progress note, the

applicant presented reporting 8/10 low back pain. There was no discussion of medication efficacy on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Diazepam 5mg #24 with 6 refills: 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 Benzodiazepines topic. Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as diazepam are not indicated for chronic or long-term use purposes, including in the antispasmodic role for which they are being sought here. The applicant has been using diazepam and Valium chronically, as far back as early to mid-2013. Ongoing usage of Valium as an antispasmodic is not supported, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

One prescription of Nucynta 75mg #120 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, it does not appear that the applicant has returned to work. The applicant's pain complaints are seemingly heightened from visit to visit with pain scores routinely sized 8/10, despite ongoing usage of Nucynta and other opioids, including Norco. There is no clear description of any improvements in function achieved as a result of ongoing Nucynta usage. Therefore, the request is not medically necessary.