

Case Number:	CM14-0095563		
Date Assigned:	07/25/2014	Date of Injury:	02/15/1996
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 patient is a 52 year old with an injury date on 2/15/96. Patient complains of unchanging lower lumbar pain, radiating to bilateral lower extremities per 6/12/14 report. Based on the 6/12/14 progress report provided by [REDACTED] the diagnoses are: 1. patellofemoral chondromalacia 2. knee arthritis syndrome 3. lumbar disc herniation Exam on 6/12/14 showed "no change in L-spine exam." 12/17/13 report states myospasm and reduced range of motion in lumbar. Negative straight leg raise." [REDACTED] is requesting valium 10mg twice daily for spasms #60 and urine drug screens every 3 months. The utilization review determination being challenged is dated 6/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/17/13 to 8/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg twice daily for spasms, QTY: 60: Upheld

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

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

Decision rationale: This patient presents with lower back pain radiating to bilateral legs. The treater has asked for valium 10mg twice daily for spasms #60 on 6/12/14. It is not known how long patient was taking Valium, but it is listed among current medications per 6/12/14 report. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient is currently taking Valium on 6/12/14. The request is for another 30-day supply, which exceeds what is recommended by MTUS guidelines. Recommendation is for denial.

Urine Drug Screens every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC regarding Pain - Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

Decision rationale: This patient presents with lower back pain radiating to bilateral legs. The treater has asked for urine drug screens every 3 months on 6/12/14. The patient had a urine drug screen on 6/12/14 that came out with expected results (positive for Norco). Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. Per MTUS, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. In this case, patient does not present with any moderate or high risks for opiate abuse. The treater does not provide a useful discussion regarding the necessity for a urine drug screen every 3 months. Recommendation is for denial.