

Case Number:	CM14-0099722		
Date Assigned:	07/28/2014	Date of Injury:	12/03/2011
Decision Date:	10/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 25-year-old female who reported an injury on 12/03/2011. The mechanism of injury was not provided. On 01/03/2014, the injured worker presented with bilateral low back pain radiating to the buttocks. Upon examination, the lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. There was decreased sensation in the bilateral L5 dermatomes and muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Medications included Norco, Synthroid, and Nexium. The diagnoses were grade 1 retrolisthesis L5-S1, central disc protrusion at L5-S1m measuring 4 mm, lumbar facet joint arthropathy, lumbar facet joint pain, lumbar sprain/strain, and hypothyroid. The provider recommended Norco 10/325 mg and Valium 10 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 tablet po qid #120 refill 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Page 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for Norco 10/325 mg 1 tablet po qid #120 refill 0 is not medically necessary. The California MTUS recommends the use of opioid for the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, an evaluation of risk for aberrant drug use, behaviors, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. As such, his request is not medically necessary.

Valium 10 mg 1 tablet po bid prn #30 refill 0: Upheld

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

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

Decision rationale: The request for Valium 10 mg 1 tablet po bid prn #30 refill 0 is not medically necessary. The California MTUS do not recommend the use of benzodiazepine for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed Valium, however, the efficacy of the prior use of medication has been provided. Continued use of Valium 10 mg #30 exceeds the guidelines recommendation for short term use. As such, this request is not medically necessary.