

Case Number:	CM14-0211644		
Date Assigned:	12/24/2014	Date of Injury:	07/20/2011
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 60-year-old man who sustained a work-related injury on July 20, 2011. Subsequently, the patient developed low back pain. According to the progress report dated November 19, 2014, the patient reported that he paid out-of-pocket for his Norco, Valium, and Cymbalta. His Butrans and Gabapentin were not authorized. The patient continued to complain of difficulty standing and walking due to his intractable back pain. On exam, the patient had difficulty getting up from seated to standing position. His motor strength: bilateral hip flexion 5/5, knee flexion and extension 5/5, and ankle dorsiflexion 5/5. His lumbar range of motion was decreased to flexion, extension, rotation, and side bending. The patient was slightly agitated. There was tenderness on palpation to his lumbar paraspinals including his cervical paraspinals. The patient was diagnosed with chronic intractable low back pain secondary to lumbosacral degenerative disc disease with disc protrusion, L4-5, L5-S1 with foraminal stenosis, chronic neck pain secondary to cervical degenerative disc disease with disc herniation, left shoulder pain status post arthroscopy, chronic left knee pain, chronic pain syndrome, severe neuropathy pain, depression, history of drug abuse, and chronic daily headaches. The provider requested authorization for Valium and Fiorinal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg # 120: 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: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient have insomnia. Therefore, the prescription of Valium (Diazepam) 5mg #120 Tablet is not medically necessary.

Fiorinal 50/325/40mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 23. Decision based on Non-MTUS Citation [Http://www.drugs.com/pro/fiorinal.html](http://www.drugs.com/pro/fiorinal.html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fiorinal <http://www.webmd.com/drugs/2/drug-15819/fiorinal-oral/details>.

Decision rationale: Fiorinal is a combination of Caffeine, Barbiturate and Aspirin. It is used for the treatment of headaches. It is not indicated for long term use for chronic back, neck and musculoskeletal pain syndrome because of risk of addiction. Therefore, the request for the use of Fiorinal #100 is not medically necessary.