

Case Number:	CM14-0212379		
Date Assigned:	01/02/2015	Date of Injury:	05/17/2002
Decision Date:	02/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/18/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 69-year-old female who reported an injury on 05/17/2012. The injured worker was diagnosed with disc disorder of the lumbar region, lumbago, pain in limb, spasm of muscle, and chronic pain syndrome. Previous treatments submitted included a home exercise program, medication, ice, heat, and activity modification. Pertinent diagnostic studies or surgical history was not submitted. The injured worker was seen for a followup appointment on 12/08/2014 where she complained of left shoulder blade pain, left thigh pain, and left lower extremity pain. The injured worker reported the pain level had remained unchanged since the last visit. The injured worker rated the pain at a 4/10 to 5/10 and sometimes a 6/10 to 7/10. The location of the pain was unchanged. The injured worker also had complaints of joint pain and fatigue, headaches, and dryness of the eyes. There were no new problems or side effects. The level of sleep of the injured worker had stayed the same. The injured worker indicated quality of sleep was good, averaging 6 hours per night. The injured worker also stated she was trying breathing/relaxation and home exercise for pain relief. It was noted the injured worker's pain score without medication was a 6/10 and a 4/10 to 5/10 with medication. Medications listed during that visit included Norco 10/325 mg, methocarbamol 750 mg, diazepam 5 mg, tramadol HCl 50 mg, phentermine 37.5 mg, Ambien 10 mg, B100 complex folic acid, B12 tablets 2500 mcg, Fioricet/COD 30/50/325/40 mg, hydroxyzine pam 25 mg, ipratropium 0.06% spray, potassium chloride ER 10 mEq, Prolia 60 mg/mL, and Dramamine 25 mg. Objective findings revealed the injured worker ambulated without an assistive device and had a normal gait. The examination of the left shoulder revealed no swelling, deformity, joint asymmetry, or atrophy.

Movements were restricted with range of motion and there was tenderness noted in the submitted area upon palpation. The motor examination was limited by pain. The treatment plan stated the injured worker was recommended continuation of medication to include Norco, methocarbamol, diazepam, and tramadol. The injured worker was also recommended a continuation of the home exercise program and a followup appointment in 4 to 6 weeks. A Request for Authorization form was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg #240 + 2 refills Qty requested: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The documentation submitted showed evidence of the injured worker using methocarbamol for greater than 6 months, which is contraindicated by the guidelines. Also, refills are not indicated, as the medication is only deemed reasonable after assessing the injured worker's response to treatment. Medical necessity is not substantiated. The request for Methocarbamol 750mg #240 + 2 refills Qty requested: 240 is not medically necessary.

Diazepam 5mg #120 + 2 refills Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant, On Going Management Page(s): 24, 64-66, 94-95.

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

Decision rationale: The guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation submitted showed evidence of the injured worker using diazepam for greater than 6 months. Also, refills are not indicated, as the medication is only deemed reasonable after assessing the injured worker's response to treatment. Medical necessity is not substantiated. The request for Diazepam 5mg #120 + 2 refills Qty: 120 is not medically necessary.