

Case Number:	CM15-0006458		
Date Assigned:	01/26/2015	Date of Injury:	12/26/2007
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who reported an injury on 12/26/2007 due to an unspecified mechanism of injury. On 01/06/2015, he presented for a followup evaluation. He reported continued lumbar and lower extremity numbness with progressive weakness. He also noted that his Norco reduces pain from a 10/10 to a 4/10 and allowed him to take short walks with frequent rests. He noted pain to be in the bilateral hip and left leg that was aching and sharp and frequent, 75% of the time. He rated his pain at a 4/10 on the date of the visit, 7/10 at an interval over the week prior to the visit, and stated that his medication provided him with 20% relief. A physical examination showed muscle weakness and joint pain. He also had a nonantalgic gait with the ability for heel and toe raise. He was diagnosed with lumbago, lumbosacral spondylosis without myelopathy, and osteoarthritis involving primarily with the shoulder. His medications included Norco and Valium. The treatment plan was for Norco 10/325 mg #120 and Valium 10 mg #2. The rationale for treatment was to continue to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Valium 10mg #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, and Anxiety Medications, and Insomnia Treatment.

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

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long term treatment. The request for 1 Prescription of Valium 10mg #2 is not medically necessary. There is a lack of documentation regarding how long the injured worker has been using this medication to support a continuation. Also, a clear rationale was not provided for the medical necessity of this medication. Without this information, a continuation would not be supported. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

1 Prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Managment Page(s): 78.

Decision rationale: According to the California MTUS Guidelines an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation provided does interpret that the injured worker was receiving adequate pain relief and was being monitored for aberrant drug taking behaviors using urine drug screens. However, the frequency of the medication was not provided in the request. Without this information, the request would not be supported. As such, the request is not medically necessary.