

<b>Case Number:</b>	CM15-0014538		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/09/2000
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old female who reported an injury on 12/09/2000. The mechanism of injury occurred while she was transferring a patient from a bed to a wheelchair. Her diagnoses were noted as lumbar radiculopathy; anxiety; depression; and gastric. Past treatments were noted to include medication, bracing, physical therapy, epidural injection, acupuncture, and activity modification. Her diagnostic studies and surgical history were not provided. During the assessment on 01/16/2015, the injured worker was re-evaluated for her low back pain. The physical examination revealed the injured worker had an antalgic gait and was very slow in walking, in ambulation, and range of motion. The injured worker had difficulty with toe walking, as well as weakness. She had decreased sensation on the right L4, L5, and S1 distribution. There was a positive straight leg raise of the bilateral lower extremities. Her medication was noted to include Lyrica 75 mg, hydrocodone/acetaminophen 5/325 mg, duloxetine DR 20 mg, and Librax. The treatment plan and the rationale for the request were not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Librax, #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chlordiazepoxide.

**Decision rationale:** The request for Librax #60 is not medically necessary. The requested medication was noted to include chlordiazepoxide. The Official Disability Guidelines do not recommend the use of chlordiazepoxide. As the guidelines do not recommend the use, the request is not medically necessary.