MAXIMUS Federal Services

Case Number:	CM15-0145656		
Date Assigned:	08/10/2015	Date of Injury:	09/16/2010
Decision Date:	10/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/28/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 42-year-old female who sustained an industrial injury on 09-16-2010. Current diagnoses include lumbosacral spondylosis without myelopathy, facet joint syndrome, and herniated disc lumbar. Previous treatments included medications, surgical intervention, left sacroiliac joint injection, and left transforaminal epidural steroid injection. Previous diagnostic studies included lumbar spine x-rays and a nerve conduction study (no report included). Report dated 06-15-2015 noted that the injured worker presented with complaints that included low back pain with radiation to the left leg. Pain level was 7 (worse) and 8 (average) out of 10 on a visual analog scale (VAS). It was noted that the injured worker's function improves by 90% with medications. The injured worker is currently on disability status. Physical examination was positive for ambulation with a cane, tenderness over the right and left paravertebral regions at the L4-L5 and L5-S1 levels, in the left sacroiliac joint Faber test, pelvic shear test, Stork test are positive, range of motion in the lumbar spine causes pain and is limited, straight leg raise is positive on the left, sensation is significant for hyperalgesia and significant allodynia, left upper extremity strength is diminished and left ankle has decreased strength. The treatment plan included prescribing and dispensing medications, which included diazepam, Norco, Tramadol ER, and duloxetine, and follow up in 4 weeks. Disputed treatments include Diazepam 10mg #28, Norco 10mg 325mg #112, Tramadol ER 150mg #60, and Tramadol ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #28: Upheld

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

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

Decision rationale: According to the California MTUS chronic pain, medical treatment guidelines recommend specific guidelines for use of benzodiazepines. They are not recommended for long-term use, as the efficacy is not proven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Diazepam treats anxiety, muscle spasms, seizures, and other medical conditions. The medical records submitted support that the injured worker has been prescribed diazepam since at least 12-10-2014. This exceeds the recommended guidelines. Therefore, the request for Diazepam 10mg #28 is not medically necessary.

Norco 10mg 325mg #112: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. A review of the injured workers medical records reveal that the medications as a group allowed the injured worker to tolerate standing and walking for 30 minutes, she appears to be having a satisfactory response to opioids and the continued use is medically necessary.

Tramadol ER 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. A review of the injured workers medical records reveal that the medications as a group allowed the injured worker to tolerate standing and walking for 30 minutes, she appears to be having a satisfactory response to opioids and the continued use is medically necessary. Therefore, the request for Tramadol ER 150mg #60 is medically necessary.

Tramadol ER 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. A review of the injured workers medical records reveal that the medications as a group allowed the injured worker to tolerate standing and walking for 30 minutes, she appears to be having a satisfactory response to opioids and the continued use is medically necessary.