

Case Number:	CM15-0038811		
Date Assigned:	03/09/2015	Date of Injury:	05/06/2013
Decision Date:	04/15/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 50 year old female, who sustained an industrial injury on May 6, 2013. She reported lumbar pain and paresthesia in the left foot. The injured worker was diagnosed as having low back pain, lumbar stenosis, and lumbar radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, medications and work restrictions. Currently, the injured worker complains of low back pain, left foot numbness, bladder incontinence, pain during intercourse, depression and anxiety. The injured worker reported an industrial injury in 2013, resulting in chronic low back and left foot pain. She has been treated conservatively and surgically without resolution of the pain. It was noted she had pain relief with physical therapy and pain medications. She reported developing depression and anxiety secondary to chronic pain. It was noted she received lumbar epidural steroid injections as well with only temporary benefit. Evaluation on February 16, 2015, revealed continued pain. The plan included renewing and adjusting pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Guidelines do not recommend ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, prescribed at the lowest possible dose, and unless there is ongoing review of pain relief, functional status, appropriate medication use, and side effects. In this case, although the patient had improvement in pain management, there were no objective findings of improvement in pain management and no documented urine drug screen or pain contract. Thus, the medication should be weaned and discontinued. The request for Norco 10/325 mg # 200 is not medically appropriate and necessary.

Valium 10mg #60 with 3 refills: Upheld

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

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

Decision rationale: Guidelines state that benzodiazepines are not recommended for long-term use due to lack of efficacy and risk of dependence. In this case, the patient has a history of depression and anxiety but there are no documented findings of improvement with the use of Valium in this patient. Thus, the request for valium 10 mg #80 x 3 refills is not medically appropriate and necessary.