

Case Number:	CM15-0069063		
Date Assigned:	04/16/2015	Date of Injury:	06/19/2003
Decision Date:	05/15/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 32 year old female, who sustained an industrial injury on June 19, 2003. She reported severe pain of the lumbar spine radiating into the left buttock. X-rays were obtained and initial treatment included medications, off work, and physical therapy. The injured worker was currently diagnosed as having a sprain of the lumbar spine. Diagnostics to date has included MRIs, x-rays, and electrodiagnostic studies. Treatment to date has included physical therapy, aquatic therapy, a back injection, work and activity modifications, and medications including oral pain, topical pain, anti-anxiety, anti-epilepsy, topical compound, and non-steroidal anti-inflammatory. On March 4, 2015, the injured worker complains of intermittent, mild to moderate lumbar spine pain with radiating throbbing and aching pain down the left lower extremity to the posterior aspect of the knee. There is occasional numbness also down the left lower extremity to the posterior aspect of the knee. Sitting longer than 30-45 minutes and laying on her back increases the pain. She avoids knee, squatting, and stooping due to increased pain. Her pain is 4-5/10 on a visual analogue scale with occasional flare-ups to 9/10. Her left lower extremity pain is 3/10 with occasional flare-ups to 5/10. She complains of occasional anxiety, stress, and depression. Her current medications include non-steroidal anti-inflammatory, anti-anxiety, muscle relaxant, medical marijuana, and pain medications. The physical exam revealed a normal gait, slight tenderness over the lumbar 3-5 spinous processes, and slight tenderness and spasm over the paravertebral muscles, gluteal, and piriformis muscles. There was slight tenderness of the right sacroiliac joint and sciatic notch, decreased lumbar spine flexion and extension with pain and spasm, positive bilateral straight leg raise with pain and spasm radiating

into the right gluteal region, and normal motor strength. There was decreased sensation of the right lumbar 5 dermatome. The treatment plan includes pain and anti-anxiety medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 2.

Decision rationale: This 32 year old female has complained of low back pain since date of injury 6/19/03. He has been treated with injections, physical therapy and medications. The current request is for Ativan. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. It is not clear from the available medical records how long the patient has been taking benzodiazes. On the basis of the available medical records and per the MTUS guideline cited above, Ativan is not indicated as medically necessary in this patient.

Tylenol No. 4 300/60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 32 year old female has complained of low back pain since date of injury 6/19/03. He has been treated with injections, physical therapy and medications to include opioids since at least 10/2011. The current request is for Tylenol No 4. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tylenol No 4 is not indicated as medically necessary.