

Case Number:	CM15-0079310		
Date Assigned:	04/30/2015	Date of Injury:	10/18/1999
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old male who sustained an industrial injury on 10/18/1999. Diagnoses include lumbalgia with chronic pain syndrome, pain in the hip and thigh, multiple re-occurring and dislocations, new left lower extremity pain x 4 weeks to calf and 1st, 2nd and 3rd toes are numb with pain with standing, failed back surgery syndrome, failed right hip replacement surgery x 9 surgeries, acute on chronic groin pain. Treatment to date has included diagnostic studies, surgery, and medications. A physician progress note dated 03/21/2015 documents the injured worker has acute lumbar back and right hip pain. Gradually worsening over the last 3-4 months is pain in the left medial area of the left knee. He rates his leg pain as constant at 3-4 out of 10, and increases to 7-8 out of 10 50-70% of the time. Severity of pain in the low back is constant and rates as a 3 out of 10, to frequently 6 out of 10. Right hip pain is constant at 5-8 out of 10 and it increases with activities. Pain radiates to the left mid-leg to big toes which is constant at 3 out of 10, and increases as the day goes on to 8-10 out of 10. He has right groin pain which he rates as 2 out of 10 in am to 4-5 out of 10 when sitting and to a 7-8 out of 10 when walking a lot. Cervical, lumbar and right hip have limited range of motion. There is pain on palpation to the low lumbosacral spine and right trochanter area. Treatment requested is for Alfozsosin ER 10mg #30, and Diazepam 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain - Benzodiazepine Page(s): 24.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient has insomnia. Therefore, the prescription of Valium (Diazepam) 5mg #30 is not medically necessary.

Alfuzosin ER 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Benign Prostatic Hypertrophy Medication. <http://emedicine.medscape.com/article/437359-medication>.

Decision rationale: According to Medscape, Alfuzosin is indicated for the treatment of the signs and symptoms of benign prostatic hypertrophy (BPH). Alfuzosin is an alpha-1 blocker of adrenoreceptors in the prostate. Blockade of adrenoreceptors may cause smooth muscles in the bladder neck and prostate to relax, resulting in improvement in urine flow rate and reduction in symptoms of BPH. There is no documentation that the patient developed prostate issue and the request is not medically necessary.