

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 49 year old female with a work injury 8/14/01 & 11/16/01. The patient's diagnoses include internal derangement of the knee s/p arthroscopic surgery x 2, chronic low back pain with lumbosacral sprain, LLE radicular pain, neck sprain, R ankle chronic pain s/p fracture and repair, obesity. She also has reactive depression and anxiety. Notes from 6/14/13 "patient has no change in condition from the last office visit and her meds include Lortab, Norco, Cyclobenzaprine, Pepcid, Valium and she is not working. Per documentation, on 06/14/13 physician notes the patient continued to experience pain in the cervical, thoracic, and lumbar spine, and both knees. Notes indicate that pain physician Dr. [REDACTED] had recommended lumbar epidural injections. Patient had a history of chronic back pain with lumbar strain and spasm as well as left lower extremity radicular pain and chronic knee pain. The patient was using analgesic creams and that adjustment of oral medications was indicated. Office note from 06/14/13 from Dr. [REDACTED] reported that the patient had spasm and tenderness in the cervical, thoracic, and lumbar musculature. The patient had painful straight leg raising bilaterally. The patient had effusion and tenderness of the knees bilaterally. The patient had a negative neurologic exam in the upper and lower extremities. The patient was taking Pepcid, Valium, Cyclobenzaprine, Lortab/Norco. She complained of numbness and tingling with associated radiating pain in her left foot. Dr. [REDACTED] recommended continuing Valium, Cyclobenzaprine, Lortab and Norco as well as H-wave therapy. The patient was seen by pain management on 06/17/13. She was recently trialed on Medrox patches and two analgesic creams to control her pain while awaiting authorization for epidural steroid injections. The Medrox patches will be discontinued as they did not work. MRI of the lumbar spine which shows a 2-3 mm disc bulge at L2-L3, a 5 mm disc bulge with mild right neuroforaminal narrowing at L3-L4, a 4mm disc bulge with severe bilateral facet hypertrophy and moderate central canal and tight neuroforaminal narrowing at L4-L5, and a 2-3 mm disc bulge with a high intensity zone in the posterior aspect of the disc in the axial plane at L5-S1 with mild right central canal narrowing. On exam she has decreased sensation in the left L4 and L5 dermatomes. Documentation from 7/15/13 indicates patient had a slightly improved VAS score post epidural injections. She was given Gabapentin

and an analgesic balm by Dr. [REDACTED] containing Gabapentin/Cyclobenzaprine/Lidoderm. 7/8/13 office note indicates that patient reports no significant change in her condition since last visit. Her meds include Cyclobenzaprine/Norco/Lortab/Valium and Colace. She is still not working. Although the lumbar epidural injection helped her low back pain slightly she still has bilateral knee pain, ankle pain, and radicular symptoms down her leg. Physical examination on this date had no significant change from 6/14/13 examination. The issue is whether a request for H wave therapy, new scooter, Valium, Norco, Lortab is medically necessary.

IMR DECISION(S) AND RATIONALE(S)

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

1. Valium (Diazepam) 10mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 24, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Benzodiazepines are not recommended for long term use. Per MTUS guidelines chronic benzodiazepines are the treatment of choice in very few conditions. There is no documentation submitted of relevant indications for this medication. **The request for Valium (Diazepam) 10mg #60 is not medically necessary and appropriate.**

2. Lortab (Hydrocodone / BIT & ACET) 7.5 mg/500mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 12, 78-81, 91, which are part of the MTUS.

The Physician Reviewer's decision rationale:

Ongoing documentation of prior Lortab pain relief, side effects, appropriate medication use, increase in functional status are not present in records submitted. Per documentation there is no evidence of decreased pain, increased level of function or improved quality of life since being prescribed Lortab. Additionally, there is no documentation that employee has returned to work. Furthermore, employee is being given Lortab (7.5mg/500mg) and Norco (10/325mg) prescribed every 4-6 hours. The maximum recommended dose for acetaminophen is 4grams per day per MTUS guidelines. **The request for Lortab (Hydrocodone / BIT & ACET) 7.5 mg/500mg is not medically necessary and appropriate.**

3. Norco (Hydrocodone/APAP) 10/325, #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 12, 78-81, 91, which are part of the MTUS.

The Physician Reviewer's decision rationale:

Ongoing documentation of prior Norco pain relief, side effects, appropriate medication use, increase in functional status are not present in records submitted. Additionally, there is no documentation that employee has returned to work. Furthermore, the employee is being given Lortab (7.5mg/500mg) and Norco (10/325mg) prescribed every 4-6 hours. The maximum recommended dose for acetaminophen is 4grams per day per MTUS guidelines. **The request for Norco (Hydrocodone/APAP) 10/325, #60 is not medically necessary and appropriate.**

4. H-wave therapy is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 117, which is part of the MTUS.

The Physician Reviewer's decision rationale:

There is no documentation submitted that reveals that employee has failed all conservative care including a TENS trial and physical therapy. There is no documentation that supports the H wave is being used as an adjunct to a program of functional restoration. **The request for H-wave therapy is not medically necessary and appropriate.**

5. New scooter is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

There is no evidence from the documentation submitted that employee's mobility cannot be sufficiently resolved by the use of a cane or walker. Independence and mobilization should be encouraged at all steps of the injury process. **The request for new scooter is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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