

Case Number:	CM13-0011366		
Date Assigned:	06/06/2014	Date of Injury:	10/27/2009
Decision Date:	09/25/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who reported an injury on 10/27/2009. The mechanism of injury was not provided. On 06/20/2013, the injured worker presented with complaints of low back and neck pain. Medications included baclofen, Naprosyn, and Medrox patches. On examination of the cervical spine, there was tenderness noted over the cervical paraspinal region bilaterally and tenderness noted over the thoracic paraspinal region. There was spasm noted and tenderness over the midline cervical and midline thoracic region. Examination over the lumbar spine noted tenderness to the lumbar paraspinal musculature, interspinous ligament, sacroiliac joint and facet joint. There was a positive bilateral straight leg raise and a positive fabere. Spasm was present with range of motion of the lumbar spine. The diagnoses were cervical spine pain with radicular symptoms to the right upper extremity, lumbar spine sprain/strain, cervical spine sprain/strain, low back pain with radicular symptoms to the right lower extremity, lumbar spine spondylosis at the level of L4-5 and L5-S1 bilaterally, bilateral sacroiliac joint arthritis and paracervical and paraspinal muscle spasm. The provider recommended Valium, "as the patient reports no benefit from this medication," and Medrox for symptomatic relief of pain in the lumbosacral area. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MEDROX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Medrox is not medically necessary. The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor agonists, there is little to no research to support the use of many of these agents. Additionally, the provider's request did not indicate the site that the medication is indicated for, dose, frequency, or quantity in the request as submitted. As such, medical necessity has not been established.

PRESCRIPTION OF VALIUM 5MG: Upheld

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

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

Decision rationale: The request for Valium 5 mg is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for longterm use because longterm efficacy is unproven and there is a risk of dependence. Most guidelines limit the use for 4 weeks. There is a lack of efficacy of the medication documented to support continued use. Additionally, the provider's request did not indicate the frequency of the medication or the quantity in the request as submitted. Therefore, based on the documentation provided, the request is not medically necessary.