

Case Number:	CM14-0145550		
Date Assigned:	09/12/2014	Date of Injury:	08/20/1999
Decision Date:	10/22/2014	UR Denial Date:	08/31/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 57-year-old male who reported injury on 08/20/1999. The mechanism of injury was the injured worker was arising from a bent over position, when a post fell over and the top end struck the injured worker on the top of his hard hat. The injured worker had X-Rays and an MRI of the lumbar spine. The injured worker had prior surgery at L3-4. The prior treatments included physical therapy, medications, and traction. The injured worker's medication history included Valium 10 mg twice a day, Baclofen 10 mg 3 times a day, Fentanyl Patch 25 mcg every 72 hours, and Lunesta at bedtime as of 05/2013. Documentation of 08/18/2014 was handwritten and difficult to read. The injured worker was noted to have increased chronic back pain affecting his right hip and leg. Objective findings revealed limited range of motion of the lumbar spine. The documentation indicated the injured worker was to continue his current routine and be referred to pain management. The diagnoses included multilevel degenerative disc disease and radicular symptoms in the left lower extremity. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lunesta

Decision rationale: The Official Disability Guidelines indicate that Lunesta is appropriate for treatment of insomnia for up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 05/2013. There was a lack of documentation indicating objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the prospective request for 1 prescription of Lunesta 3mg #30 is not medically necessary.

Valium 10mg #60: 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 California MTUS Guidelines do not recommend the use of Benzodiazepines as treatment for injured workers with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. As such, this request would not be supported. The request as submitted failed to indicate the frequency for the requested for medication. Given the above, the prospective request for 1 prescription of Valium 10mg #60 is not medically necessary.