

Case Number:	CM13-0007454		
Date Assigned:	07/02/2014	Date of Injury:	09/01/1997
Decision Date:	08/05/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/06/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 64-year-old who was injured on September 1, 1997. The patient continued to experience pain in the low back, neck, and bilateral thumbs. Physical examination was notable for normal respiratory effort and using cane for ambulation. Diagnoses included fibromyalgia, degeneration of lumbar intervertebral disc, myalgia/myositis, and trigger finger. Treatment included medications, epidural medications, and acupuncture. Requests for authorization for Zero gravity chair, car cushions, temazepam 30 mg, digestive enzyme capsule, and alprazolam 0.5 mg were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

One zero-gravity chair: 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 Official Disability Guidelines (ODG) Low Back: Lumbar & Thoracic: Ergonomics Interventions; Work.

Decision rationale: Zerogravity chair is a chair which aligns the torso with the thighs and extends the lower legs above the heart, creating a 120 degree open angle between your abdomen

and thighs. This causes the spine to decompress and allows the spinal discs to return to their normal size and shape. In this case the patient had been using one as a modification for her workstation. Recommended modifications for work for sitting for clerical/modified work included sitting with a 5 minute break every 30 minutes. There are no recommendations with regards to sitting position. The request for a zero-gravity chair is not medically necessary or appropriate.

One set of car cushions: 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 Official Disability Guidelines (ODG) Low Back: Lumbar & Thoracic: Lumbar Supports.

Decision rationale: Car cushions were requested for lumbar support while driving. Lumbar supports are not recommended for prevention. Lumbar supports, such as back brace or elastic lumbar belt, are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP. Car cushions are not recommended for lumbar support. The request for one set of car cushions is not medically necessary or appropriate.

Temazepam 30mg: Upheld

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

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

Decision rationale: Temazepam is benzodiazepine which is FDA approved for sleep maintenance insomnia. It is only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. In this case the patient had been taking temazepam since 2001. The duration of treatment surpasses the recommended short-term use. The request for Temazepam 30 mg is not medically necessary or appropriate.

One prescription of digestive enzyme capsule: 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 Other Medical Treatment Guideline or Medical Evidence: The Medical Letter, Issue 1357, p.12: In Brief: Pancreatic Enzyme Products.

Decision rationale: Pancreatic Enzyme Products (PEPs) have been used for decades to improve digestion in patients with insufficient pancreatic enzyme production, such as those with cystic fibrosis. All porcine-derived PEPs contain a mixture of amylases, lipases and proteases. In this case the patient does not suffer from insufficient pancreatic enzyme production. It states that the request for digestive enzymes was a typographical error. The request for one prescription of a digestive enzyme capsule is not medically necessary or appropriate.

Alprazolam 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines, page(s) 24 Page(s): 24.

Decision rationale: Alprazolam is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The request for Alprazolam 0.5 mg is not medically necessary or appropriate.