

Case Number:	CM13-0008305		
Date Assigned:	01/15/2014	Date of Injury:	02/26/2009
Decision Date:	04/07/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/07/2013

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 Occupational Medicine, 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 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for thoracic outlet syndrome, chronic pain syndrome, and chronic neck pain associated with an industrial injury sustained on February 26, 2009. Thus far, the applicant has been treated with analgesic medications, psychotropic medications, muscle relaxants, transfer of care to and from various providers in various specialties, usage of marijuana, Botox injections, unspecified amounts of physical therapy and biofeedback, and extensive periods of time off of work. A clinical progress note from July 1, 2013 is notable for comments that the applicant reports persistent neck pain and headaches. The applicant has apparently tried and pursued further Botox injections and a breast reduction procedure. The applicant remains off work. She is on Oxycontin, Cymbalta, and Valium. She is unable to clean her house. She has engaged a housekeeper. She states that she is able to bathe herself and wash her hair, which she imputes to the medication usage. The applicant is still using medical marijuana, but her license is expiring. She reports pain ranging from 4-5/10 with medications and 9/10 without medications. She is asked to continue Valium, Oxycontin, and Cymbalta while remaining off of work, on total temporary disability. Botox injections and biofeedback are also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM(VALIUM)2 MG ORAL TABLET, TAKE ONE TABLET BY MOUTH 3 TIMES PER DAY AS NEEDED FOR ANXIETY FOR 30 DAYS #90: Upheld

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for long-term use. Benzodiazepines are not recommended as a long-term treatment of choice for the anxiety disorder reportedly present here. The MTUS endorses usage of antidepressants for long-term anxiety relief purposes. It is further noted that the applicant has failed to achieve any lasting benefit or functional improvement through prior usage of Valium. The applicant remains off of work on total temporary disability. The applicant remains highly reliant and dependent on various medical treatments, including medications, biofeedback, marijuana, etc. Continuing Valium is not recommended in this context. Therefore, the request is not certified,

OXYCODONE ER 40 MG ORAL #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant does not appear to meet the criteria. The applicant remains off of work, on total temporary disability. The applicant does report some reduction in pain scores reportedly achieved as a result of opioid usage. However, these are outweighed by the applicant's seeming failure of return to work and continued difficulty in terms of performance of non work activities of daily living. The applicant's ability to comb her hair and bathe herself appears to be a negligible/marginal improvement in terms of performance of activities of daily living, and is again outweighed by the applicant's failure to return to any form of work. Accordingly, the request is not certified.