

Case Number:	CM13-0029209		
Date Assigned:	03/17/2014	Date of Injury:	08/14/2004
Decision Date:	04/25/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/24/2013

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 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 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 70 year old female who was injured on 08/14/2004 who is being treated for cervical and thoracic radiculopathy. Prior treatment history has included narcotic medication, IT pump, hyperbaric oxygen treatment, physical therapy, Biofeedback, acupuncture, TENS and home exercise program. She has been treated by a psychiatrist/psychologist. The patient underwent kyphoplasty, vertebral bone biopsy and Fluoroscopy on 09/03/2013 and 12/17/2013. Medications include: 08/16/2013 1. Roxicodone 15 mg tabs, 1-2 po qid pm. 2. Ativan 1 mg tabs, 1 po tid. 3. Lyrica 25 mg caps, 1 po bid. 4. Fioricet 50-325 mg tabs, 1 po tid pm. 5. Lidoderm 5% patch, 1 patch q 12 hours off 12 hours. 6. IT Dilaudid 8 mg, Baclofen 230 mcg, Bupivacaine 1.1 mg/day. 7. Ambien 10 mg tabs, 1 po qhs. 8. Promethazine HCL tabs, 1 bid prn. 9. Zolof 100 mg tabs, 1 po qd. 10. Prilosec 20 mg, 1 qd. 11. Levothyroxin 50 mg, 1 qd. 12/19/2013 1. Dilaudid 8 mg tabs, 1 po q6 hrs prn. 2. Cyclobenzaprine HCL tabs, 3. Despiramine HCL 10 mg tabs, 1-2 po qid prn. 4. Roxicodone 15 mg tabs, 1-2 po qid prn. 5. Ativan 1 mg tabs, 1 po tid. 6. Fioricet 50-325 mg tabs, 1 po tid prn. 7. Lidoderm 5% patch, 1 patch q 12h, off 12 hours. 8. Ambien 5 mg tabs, 1 po qhs. 9. Promethazine HCL 25 mg supp, 1 bid prn. 10. Zolof 100 mg tabs, 1 po qd. New Patient Consultation note dated 08/15/2013 documented the patient to have complaints of thoracic axial pain due to acute compression fractures. Previous pain rating on a good day was 8. Current pain rating on a good day 9. Previous pain rating on a bad day 10 and current pain rating on a bad day 10. Follow Up note dated 12/04/2013 documented the patient with complaints of thoracic axial pain due to acute compression fractures. Reports increased thoracic pain. Previous pain rating on a good day 9 and current pain rating on a good day 8. Previous pain rating on a bad day 10 and current pain rating on a bad day 10. Objective findings on examination of the cervical spine revealed mild paracervical and trapezius tenderness and spasm. Examination of the thoracic spine revealed severe tenderness. Movement was limited due

to pain. Motor exam revealed spasm in right lumbar and bilateral thoracic. Strength is decreased in the right upper extremity. Reflex exam non-organic reveals inconsistent behavioral responses are absent.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 1 MG #90: Upheld

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

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

Decision rationale: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks.