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| Case Number: | CM13-0034952 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 12/26/1998 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

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 Geriatrics 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 injured worker is a 61 year old man with a date of injury of 12/26/98. He was seen by his physician on 10/2/13 with complaints of severe neck pain and muscle spasms along his right neck to shoulder blade. He also reported headaches and 50% functional improvement with medications. He had attempted to wean off of the pain medications but was unable to. He was said to take Avinza, Norco, Valium occasionally for severe neck spasm and celebrex for inflammation. His physical exam was significant for limited neck range of motion and cervical compression causing neck pain. He had muscle spasm across the cervical paraspinal and trapezius muscles with grossly intact strength, sensation and reflexes in the upper extremities. His diagnoses were severe cervical spondylosis with sprain/strain injury and nonindustrial medical problems. He was told to resume his medications the prescription for celebrex and valium are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #180: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines for chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any which of the medications is improving the patient's pain and improvement in pain or functional status to ongoing long-term use. The patient is also receiving opioid analgesics. The request for Celebrex 200 mg # 180 is not medically necessary and appropriate.

VALIUM 10MG #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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines Valium or benzodiazepenes are 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. Use of valium has not been substantiated. The request for Valium 10mg # 30 is not medically necessary and appropriate.