MAXIMUS Federal Services

Case Number:	CM13-0037007		
Date Assigned:	12/13/2013	Date of Injury:	05/05/2009
Decision Date:	02/06/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation 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 patient is a 45 year-old male that sustained an injury on 5/5/09 while employed by [redacted] Requests under consideration include Valium 10mg #30, Lunesta 2mg #60, Baclofen 10mg #150, Postural support for back and shoulder, shoulder taping, and H-wave. The diagnoses has included chronic neck pain with some DDD and facet changes with stenosis; TOS, Sleep disturbance; History of low back pain, resolved; Migraine HA per report from [redacted] on 8/22/12. The report of 8/12/13 from [redacted] noted the patient is learning to deal with his chronic pain and does not want surgery at this time. Headaches were out of control which prompted an ER visit where he was given Valium which helped. The patient complains of depression, numbness in his arms, dropping items, better mobility with his neck, cramping in the pectoral muscles on right when reaching for his seatbelt, spasms in right shoulder and twitching in the neck when he reaches, and electrical sensation jolts which explodes with lingering pain when turning the neck. The exam findings consisted of tenderness, ligamental clicking with extension, upper extremity reflexes 2+, sensitivity of the ulnar and median nerve, positive canals of ulnar nerve in arm, thoracic outlet syndrome positive for numbness and decreased sensation in the left hand. Above requests were non-certified on 10/14/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 23.

Decision rationale: The request for Valium was non-certified on 10/14/13. It appears Valium has been prescribed since at least October 2012 without pain relief or functional improvement. Valium is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury nor is there documented functional efficacy from treatment already rendered. Valium is not medically necessary and appropriate.

Lunesta 2mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Insomnia Treatment, pages 535-536.

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), "Pain". Additionally, Lunesta is a benzodiazepine-like, Schedule IV controlled substance. ODG does not recommend benzodiazepines: "Benzodiazepines: 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." Submitted documents have not demonstrated any functional improvement from Lunesta treatment prescribed for quite some time for this 2009 injury. Lunesta 2mg #60 is not medically necessary and appropriate.

Baclofen 10mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Section, Page(s): 64-65.

Decision rationale: Request for Baclofen 10 mg #150 was partially-certified on 10/14/13 for #120 for treatment of muscle spasm. Evidence based guidelines recommend oral Baclofen for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries not seen here. The patient continues with persistent symptoms of spasms despite being prescribed Baclofen since at least July 2012 without functional improvement or relief of spasm as evident on examination. Baclofen USP is a muscle relaxant and antispastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. The California MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Baclofen 10mg #150 is not medically necessary and appropriate.

A postural support for back and shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar supports.

Decision rationale: It is not clear what postural support for the back and shoulder is being requested and how this DME will assist in improving the patient's pain or functional capacity. The submitted reports have not demonstrated what postural supports are needed nor are there any specific limitations that would be alleviated by these supports. The Postural support for back and shoulder are not medically necessary and appropriate.

Shoulder taping: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Kinesiotape (KT), page 922.

Decision rationale: It is not clear why shoulder taping is needed for a chronic injury with persistent unchanged pain without documented acute flare or new injuries. The submitted reports have not demonstrated the medical necessity for shoulder taping and how this will assist in improving the patient's pain or functional capacity. The ODG does not recommend

kinesiotape for decreasing pain intensity or disability for patients with suspected shoulder tendinitis/impingement as there is a paucity of evidence on its use. Shoulder taping is not medically necessary and appropriate.

Unknown H-wave: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section, H-Wave Stimulation Page(s): 115-118.

Decision rationale: It is not clear why H-wave is needed for a chronic injury with persistent unchanged pain without documented acute flare or new injuries. The submitted reports have not demonstrated the medical necessity for the H-wave or any failed trial of TENS unit. The California MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The Unknown H-Wave Unit is not medically necessary and appropriate.