

Case Number:	CM13-0049635		
Date Assigned:	12/27/2013	Date of Injury:	04/25/1994
Decision Date:	02/25/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 04/25/1994. The mechanism of injury was not provided within the medical records. The patient's current diagnoses include complex regional pain syndrome of the bilateral upper extremities, post laminectomy syndrome in the cervical region, cervicgia, and neuropathic pain. There was only 1 incomplete clinical note submitted for review; the information was obtained from a previous decision letter. The patient's previous treatment has included medications, surgery, and occipital-pulsed radiofrequency lesioning. The patient continues to complain of neuropathic pain to the bilateral upper extremities and had an intrathecal pump placed on an unknown date, with excellent results. She also has complaints of migraine headaches, neck, left shoulder and bilateral upper extremity pain, right wrist pain, and occipital headaches, right greater than left. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A pharmacy purchase of Diazepam 10mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Muscle Relaxants Page(s): 24, 65.

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend the use of benzodiazepines due to the rapid development of tolerance and dependence. In relation to muscle spasms in particular, the guidelines state that there appears to be little benefit for the use of benzodiazepines over nonbenzodiazepines for the treatment of spasms. The clinical note submitted for review did not discuss the patient's use of benzodiazepines; however, the previous determination letter stated that there was evidence that the patient had been utilizing diazepam since 2011. The Guidelines specifically state that benzodiazepine use should be limited to 4 weeks. As the guidelines do not support the chronic use of benzodiazepines, medical necessity for this request has not been established. As such, the request for pharmacy purchase of diazepam 10 mg #60 with 2 refills is noncertified.

Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California MTUS/ACOEM Guidelines recommend nonsedating muscle relaxants to treat acute exacerbations of pain in patients with chronic low back pain. Baclofen, in particular, is used to decrease spasticity in conditions such as cerebral palsy, multiple sclerosis and spinal cord injuries. Symptoms that would warrant the use of Baclofen include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. This medication also has been noted to benefit lancinating, paroxysmal neuropathic pain, (trigeminal neuralgia); however, the clinical note submitted for review did not provide any evidence that the patient has been diagnosed with any of the previously listed conditions or is experiencing any of the aforementioned symptoms. Furthermore, guidelines state that muscle relaxants should be used for a short period of time only, as their efficacy appears to diminish over time and may lead to dependence. As the clinical information submitted for review does not support the use of this medication to treat the patient's symptoms of muscle spasm, medical necessity has not been established. As such, the request for Baclofen 10 mg #60 is noncertified.