

Case Number:	CM13-0051940		
Date Assigned:	01/24/2014	Date of Injury:	06/25/1991
Decision Date:	04/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 injured worker is a female with date of injury 6/25/1991. Per primary treating provider progress note for her injured back, the injured worker reported that she was doing horrible with a lot of muscle spasms. She had an oral surgery about 3 weeks prior with her post surgical pain poorly controlled. Pain is rated at 9/10 and consistent. Review of systems was positive for depressed mood, anxiety, nausea, speech disorder, dry mouth, buxism, and low back pain. She is status post 4 back surgeries, status post cystectomy from left ovary and has a history of depression. She is morbidly obese with BMI of 41.5. On exam she is in tears throughout the exam, has depressed mood, sad affect. Oral exam reveals recent extraction of lower teeth. She has marked inflammation of the right lower anterior gingiva and obvious disruption of one of the bony implants. Spine exam revealed bilateral paraspinal muscles spasms noted, positive multilevel process tenderness, right lumbar muscle spasm and tenderness to palpation, bilateral sacroiliac joints tender to palpation, negative straight leg raise. Neurologic exam revealed bilateral patella deep tendon reflexes 3+, Achilles 2+, brachradialis 2+, and Rhomberg test negative. Diagnoses include 1) Chronic pain syndrome 2) Postlaminectomy syndrome of lumbar region 3) Other specified gastritis (without hemorrhage) 4) Depressive disorder not elsewhere classified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NIRAVAM 0.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,124.

Decision rationale: Per the UR decision, the request is for Niravam 0.5 mg #90, determined to not be medically necessary. The primary treating provider was not requesting Niravam for weaning, but to refill this medication that the injured worker has already been using. The reviewer notes that the treating provider did not make a case for this prescription other than the claimant's psychiatrist had prescribed it. The guidelines cited above do not recommend the use of benzodiazepines form long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over 4 weeks, and should be tapering is required when used for greater than 2 weeks. The request for Niravam 0.5 mg #90 is for continued use, and not for tapering or weaning off the medication, and is therefore determined to not be medically necessary.

RESTORIL 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24,124.

Decision rationale: Per the UR decision, the request is for Restoril 30 mg #30, determined to not be medically necessary. The primary treating provider was not requesting Restoril for weaning, but to refill this medication that the injured worker has already been using. The reviewer notes that the treating provider did not make a case for this prescription other than the claimant's psychiatrist had prescribed it. The guidelines cited above do not recommend the use of benzodiazepines form long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over 4 weeks, and should be tapering is required when used for greater than 2 weeks. The request for Restoril 30 mg #30 is for continued use, and not for tapering or weaning off the medication, and is therefore determined to not be medically necessary.