MAXIMUS Federal Services

Case Number:	CM13-0069763		
Date Assigned:	01/03/2014	Date of Injury:	10/02/1998
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 55-year-old female who sustained a work-related injury on October 2, 1998 the resulted in chronic thoracolumbar and cervical pain. She underwent total reconstruction of her lumbar spine and fusion of her cervical spine. Prior treatments have included physical therapy, tens unit, home exercises and analgesics. She was taking morphine as well as Percocet for pain level of 4/10. For several months prior she had taken Skelaxin for muscle spasms. Objective findings included increased spasms on the right side. She was noted to have gastroesophageal reflux disease that had resolved with Dexilant. On December 19, 2013 a request was made for Valium 10mg twice a day for spasms and Dexilant 60mg tablets daily

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS guidelines Benzodiazepine is 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. Valium is a benzodiazepine that is often used for anxiety disorder. As per the guidelines Valium is not medically necessary for use of muscle spasms.

DEXILANT 60MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: Dexilant is a proton pump inhibitor (PPI). According to the California MTUS guidelines: PPIs are to be used with NSAIDs when patients have a high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the claimant is not on an NSAID. Therefore, the use of Dexilant is not medically necessary.