

Case Number:	CM14-0018984		
Date Assigned:	04/23/2014	Date of Injury:	11/28/2006
Decision Date:	07/03/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 50-year-old female with an 11/28/06 date of injury. The patient has a diagnosis of artificial disc replacement at L4/5 and L5/S1, lumbar disc disease, facet syndrome, post annular tear at L4, and multiple neuromas in both feet. She was seen Dec 7th 2013 complaining of pain the lumbar spine, bilateral knee, and feet, left hip, and lumbar spine stiffness, as well as pain radiating down the legs bilaterally. Exam findings revealed lumbar tenderness with decreased range of motion. The UR decision dated 1/20/14 modified the request for Valium 10 mg #60 to #45 and denied the request for Elavil given the patient was noted to be on Valium and Elavil for 11 months for sleep difficulty without documentation of benefit. Valium was tapered given chronic use of a benzodiazepine for longer than 2 weeks requires taper and sufficient Valium should be made available for the patient to initiate a weaning. As of 2/1/14 the patient was still noted to be on Valium 10 mg BID and was started on Quazepam 15 mg QHS for sleep and Soma was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR VALIUM 10MG #60: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. This patient has been on this medication for approximately one year and there is no discussion of benefit, functional gain, or why this patient's use of this medication has exceeded the treatment guidelines. In addition, while it may have originally been prescribed for sleep, there is scant discussion regarding this patient's sleep hygiene, and she has started another benzodiazepine, Quazepam for sleep as of 2/1/14. The request had already been modified to allow for a taper, thus the request as submitted was not medically necessary.

PRESCRIPTION FOR ELAVIL 50MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. This patient has been on this medication for approximately one year and there is no discussion of benefit, or functional gain. In addition, while it may have originally been prescribed for sleep, there is scant discussion regarding this patient's sleep hygiene, and as of 2/1/14 was on two benzodiazepines for sleep (Valium and Quazepam). The request as submitted was not medically necessary.