

Case Number:	CM14-0184071		
Date Assigned:	11/10/2014	Date of Injury:	12/03/2003
Decision Date:	12/18/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 Tennessee. 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 42-year-old female who has submitted a claim for right upper extremity pain, right shoulder pain, left ulnar neuropathy, and neck pain associated with an industrial injury date of 12/3/2003. Medical records from 1/20/2014 up to 10/7/2014 were reviewed showing pain over the superior right shoulder to the proximal arm, posteriorly in the midline from the suboccipital region to the upper thoracic area, and posterolaterally on the right as well. Neck pain is present on a daily basis. Physical examination shows tenderness over the right ulnar border of the elbow, positive Tinel's, and with radiations to the 4th and 5th digits of the hand. She also has neck pain with flexion and extension. Treatment to date has included Valium 5mg q.h.s.(since at least 1/2014), baclofen 10mg b.i.d. (since at least 1/2014), Norco, Elavil, Gabapentin, and Prozac. The utilization review from 10/22/2014 denied the request for Valium 5mg tablets QTY: 60.00 and Baclofen 10mg tablets QTY: 60.00. Regarding Valium, long term use is not in conjunction with the guidelines' recommendation. Regarding Baclofen, there is a lack of spasms on exam and this medication is not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg tablets QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Valium (Diazepam) / See Benzodiazepines (Anti-depressant) Page(s):.

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

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. 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. In this case, the patient has been taking Valium 5mg since at least 1/2014. It was not evident why Valium is being prescribed to this patient. In addition, the long-term use of this medication is not recommended. Therefore the request for Valium 5mg tablets QTY: 60.00 is not medically necessary.

Baclofen 10mg tablets QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Furthermore, drugs with the most limited published evidence in terms of clinical effectiveness include baclofen. In this case, the patient has been taking baclofen 10mg since at least 1/2014. The patient does not exhibit any muscle spasms. It is unclear why this medication is prescribed. Moreover, the long term use baclofen is not recommended. Therefore the request for Baclofen 10mg tablets QTY: 60.00 is not medically necessary.