

Case Number:	CM14-0020013		
Date Assigned:	04/28/2014	Date of Injury:	07/21/2010
Decision Date:	07/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopaedic Surgery, has a subspecialty in Spine Surgery 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 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 58 year old male who sustained an injury on July 21, 2010. The injured worker reported moving an injured person from a vehicle to a back board when he developed complaints of low back pain. There appeared to have been a separate injury when the injured worker tripped and fell landing on the bilateral knees. The injured worker's treatment documented included physical therapy through November of 2013. The injured worker did continue to report complaints of neck pain as well as low back pain. Medications as of November of 2013 included Percocet, Naproxen, Soma, and Valium. The injured worker did report pain relief with these medications. On physical examination, there was limited range of motion in the cervical and lumbar spine due to stiffness and discomfort. No motor weakness or other neurological deficits were identified. [REDACTED] indicated that the injured worker's Valium for anxiety should be covered by his primary care physician. The injured worker was referred to a pain management specialist. The injured worker was seen by [REDACTED] on January 9, 2014 with continuing complaints of low back pain radiating to the upper extremities. The injured worker reported taking medications intermittently for episodic pain. On physical examination, there was some loss of range of motion of the cervical spine. No neurological deficits were identified. The injured worker did report pain and loss of lumbar range of motion. The injured worker was neurologically intact in the lower extremities. The injured worker was given a prescription for a 3 month supply of Percocet, Soma, Naprosyn, and Valium. The injured worker was also recommended for cognitive behavioral therapy for medication avoidance and self pain management techniques. There was a toxicology report from January 25, 2014 which did not note positive findings for Benzodiazepines. It is noted that multiple positives for Benzodiazepines were present. The requested Valium and cognitive behavioral therapy was denied by utilization review on January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM: Upheld

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

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

Decision rationale: In regards to the requested Valium, it was not medically necessary based on the clinical documentation submitted as well as current evidence based guidelines. Benzodiazepines such as Valium are not recommended for extended use in the treatment of chronic pain. The clinical documentation did not identify any substantial functional improvements obtained with this medication. Furthermore, the most recent toxicology results did note possible non-compliance as multiple Benzodiazepines were present except for prescribed Valium. Given the insufficient evidence to continue Valium for this injured worker as well as guideline recommendations against long term use of Benzodiazepines, the requested Valium is not medically necessary.

COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: In regards to the request for cognitive behavioral therapy, it was not medically necessary. ██████████ recommended that the injured worker attend cognitive behavioral therapy for pain management techniques and to avoid the use of medications. Prior to any cognitive therapy, guidelines do recommend an individual behavioral assessment which was not documented. There was no evidence of any ongoing depression or anxiety symptoms contributing to continuing pain or medication use that would have warranted cognitive behavioral therapy. Therefore, request for cognitive behavioral therapy is not medically necessary.