

Case Number:	CM14-0032622		
Date Assigned:	06/20/2014	Date of Injury:	09/09/2010
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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 Orthopedic Surgery 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 55-year-old female injured on September 9, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of neck and hand pains. The physical examination demonstrated tenderness of the cervical spine on flexion and extension. A request had been made for Valium, Esgic and a Toradol injection and was not certified in the pre-authorization process on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg (unspecified)quantity QTY 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), BENZODIAZEPINES, UPDATED JULY 10, 2014.

Decision rationale: Valium is a benzodiazepine. According to the Official Disability Guidelines, these medications are not recommended for long term use, because their efficacy is unproven and there is risk for psychological and physical dependence. Tolerance to their hypnotic effects

develops rapidly. There are a few medical conditions for which benzodiazepines are the treatment of choice. According to the medical records provided, there was no mention of a medical condition that would require the usage of Valium. This request for Valium is not medically necessary.

Esgic QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Barbiturate-containing analgesic agents".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Barbiturate containing analgesic agents, updated July 10, 2014. Other Medical Treatment Guideline or Medical Evidence:

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601009.html>.

Decision rationale: Esgic is a combination of acetaminophen, butalbital and caffeine and is often prescribed for tension headaches. There is no mention in the most recent medical record reviewed that the injured employee has tension headaches. Additionally, the Official Disability Guidelines do not recommend barbiturate containing medications for chronic pain, as the potential for drug dependence is high. For these reasons, this request for Esgic is not medically necessary.

Toradol Injection 60 mg QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation official Disability Guidelines (ODG) Treatment in workers comp 2012 on the Web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com), updated 2/14/12 Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), KETOROLAC, \UPDATED JULY 10, 2014.

Decision rationale: According to the Official Disability Guidelines, a Toradol IM injection is only recommended for the management of moderately severe acute pain that requires analgesia at the opioid level. This necessity has not been established in the attached medical records. Additionally, Toradol is not recommended for minor or chronic painful conditions. For these reasons, this request for a Toradol IM injection is not medically necessary.