MAXIMUS Federal Services

Case Number:	CM14-0036235		
Date Assigned:	06/25/2014	Date of Injury:	05/01/2001
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 40-year-old male who was reportedly injured on May 1, 2001. The mechanism of injury is noted as an unloading injury. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of bilateral shoulder, thoracic spine and lower back pain that is constant. Pain level with medications is 5/10, and at the worst 10/10. The physical examination demonstrated decreased range of motion, tenderness to palpation of lumbosacral spine. Diagnostic imaging studies were not reported. Previous treatment includes multiple surgeries of lumbar spine, opioids, anxiolytics, antidepressants, and psychotherapy. A request had been made for Diazepam 5mg #180, Lunesta 1mg #60 and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 MG # 180: 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 Page(s): 24.

Decision rationale: Valium is a benzodiazepine that is not recommended by the MTUS guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication has a high potential for abuse and is usually used for short term of up to 4 weeks. The record reflects that this medication is being prescribed for long term use at high doses. Based on this documentation, Diazepam 5 mg # 180 is not medically necessary and appropriate.

Lunesta 1 MG # 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Eszopicolone (updated 7/12/14).

Decision rationale: The Official Disability Guidelines (ODG) recommend that treatment of insomnia be based on etiology. Lunesta is not recommended for long term use. This medication can cause increase pain and depression over long term use. Based on the documentation provided the claimant has poor sleep hygiene and has been on this medication long term. The injured worker also has depression which could be exacerbated by taking this medication. Therefore, the request for Lunesta 1 mg # 60 is not medically necessary and appropriate.