

Case Number:	CM14-0046401		
Date Assigned:	07/02/2014	Date of Injury:	02/14/2009
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient presents with chronic low back and neck pain. The treating physician is requesting a refill of Valium 2 mg #14. Utilization review modified the certification from #14 to #7. The MTUS Guidelines page 24 state, "Benzodiazepines 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 prescribed Valium since 12/17/2013. MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The requested Valium is not medically necessary, and recommendation is for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2 mg #14: Upheld

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

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

Decision rationale: The patient presents with chronic low back and neck pain. The treating physician is requesting a refill of Valium 2 mg #14. Utilization review modified the certification from #14 to #7. The MTUS Guidelines page 24 state, "Benzodiazepines 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 prescribed Valium since 12/17/2013. MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The requested Valium is not medically necessary and appropriate.

Vallium 5 mg #28: Upheld

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

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

Decision rationale: The patient presents with chronic low back and neck pain. The treater is requesting Valium 5 mg #28. Utilization review modified the certification from #28 to #14. The MTUS Guidelines page 24 state, "Benzodiazepines 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 prescribed Valium since 12/17/2013. MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The requested Valium is not medically necessary, and recommendation is for denial.

Dilaudid 8 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: The patient presents with chronic low back and neck pain. The treater is requesting Dilaudid 8mg #120. The Utilization review modified certification from #120 to #30 for weaning purposes. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The medical file indicates the patient is status post multiple surgeries with the most recent cervical fusion from 2010 with residual moderate to severe pain. The patient has been taking Dilaudid for pain relief with decrease in pain level from 10/10 to 3-4/10. Progress reports from 12/17/2013 to 03/21/2014 report decrease in pain and functional improvement including getting up in the morning and going out to run errands and doing simple chores with taking Dilaudid. Patient

reports increase in quality of life with medication and without medication "feel hopeless and helpless about life." The requested Dilaudid is medically necessary and appropriate.

X-rays of cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-guidelines for Radiography(Xray, C-spine).

Decision rationale: This patient is status post cervical fusion from 2010 and continues with chronic neck pain. The patient reports the pain is moderate to severe and radiates into both arms. The treater is requesting an x-ray of the cervical spine. Utilization review denied the request for x-ray stating there is not sufficient documentation of deficits or problems that would warrant authorization of these x-rays. ACOEM guidelines on special studies for C-spine (p177,178) states radiography of the c-spine is not recommended except for indications including, "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure." In this case, the patient continues to have severe pain following a cervical fusion from 2010. The patient most recently complained that the pain was moderate to severe and now radiating down both arms. It appears the patient has not had repeat imaging since the 2010 fusion. An x-ray of the cervical spine for updated imaging and further investigation is reasonable and appropriate.