

Case Number:	CM14-0048505		
Date Assigned:	06/25/2014	Date of Injury:	07/24/2000
Decision Date:	07/23/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatrics and is licensed to practice in New York. 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 61 year old man with a date of injury of 7/24/00. He was seen by his physician on 1/13/14 for complaints of constant neck pain with radiation to both shoulders and numbness in his right hand/wrist and forearm. He also had pain in his left hand and both knees. He was taking norco for pain and valium for anxiety related to pain. The length of prescription of valium is not detailed in the note though it is assumed to be prescribed since at least the prior visit. He denied sedation, nausea or vomiting with medication. His physical exam showed a depressed mood and normal gait. He had moderate cervical paraspinal muscle tenderness and limited range of motion. He had 5/5 upper extremity strength. His diagnoses were chronic cervical spine pain, cervical fusion C5-6 and radiculopathy, chronic low back pain and bilateral carpal tunnel syndrome. He was to continue his norco, voltaren gel and valium. At issue in this review is valium and a urine drug screen. He is status post a urine drug screen in 5/13 which was negative for alcohol or illicit substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Valium 5mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications, Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG, Pain (Chronic), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: Benzodiazepenes 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. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, valium is prescribed for longer than 4 weeks and the records do not document medical necessity or why he is not being treated with an antidepressant for his anxiety instead of a benzodiazepene. The request for One Prescription of Valium 5mg #20 is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan health system guidelines for clinical care: Managing chronic non-terminal pain, including prescribing controlled substances (May 2009), pg 10, pg32,pg 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic neck and upper extremity pain. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has confirmed no alcohol or illicit substances. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of the urine drug screen is not substantiated in the records.