MAXIMUS Federal Services

Case Number:	CM14-0065143		
Date Assigned:	07/11/2014	Date of Injury:	12/27/2002
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Illinois. 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 64-year-old female who reported an injury on 12/27/2002 and reportedly sustained an industrial injury. Her injuries included blood pressure. The injured worker's treatment history included aquatic therapy, chiropractic therapy, medications, and surgery. The injured worker was evaluated on 04/03/2014 and it was documented the injured worker continued to have mild lumbar spine pain. The provider noted that the injured worker said the chiropractic treatments have helped significantly and her pain has been partially reduced. She remains functional. It was noted she was stable on medication management; however, all her medications were denied. Medications help reduce her pain and maintain a level of functionality. She uses the medication only as needed. Her pain level was rated at 2-3/10. Physical examination revealed mild to moderate pain radiating to the left lower extremity to the knee. Left thumb chronic left 1st metacarpal-phalangeal joint pain. Cervicothoracic spine there was diffuse tension. Diagnoses included lumbar levoscoliosis, Lumbar disc protrusions, lumbar radiculitis, lumbar facet joint pain, and Opioid dependence. Medications included diazepam 5 mg, omeprazole 20 mg, and Hydrocodone 5/500 mg. The request for Authorization dated 01/25/2014 was for Diazepam 5 mg, Omeprazole 20 mg, and Hydrocodone 5/500 mg. The rationale for the medication was for the injured worker's pain and to maintain a level of functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #60: Upheld

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

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

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. As such, the request for Valium 5 mg (Diazepam) QHS # 60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S & GI Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request for of Omeprazole 20 mg #60 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided failed to indicate the injured worker having gastrointestinal events and the Omeprazole resolves the issue, however the request lacked frequency and duration of the medication for the injured worker. Given the above, the request for Omeprazole 20 mg # 60 is not medical necessary.

Hydrocodone 5/500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 77-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Hydrocodone/ACAP 5/500 mg # 120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going

management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was no urine drug screen indicating opioids compliance. The provider failed to indicate long-term functional goals. In addition, the request did not indicate a frequency of medication. Therefore, the request is not medically necessary.