MAXIMUS Federal Services

Case Number:	CM14-0073790		
Date Assigned:	07/16/2014	Date of Injury:	08/01/2002
Decision Date:	09/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/21/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 08/01/2002. The mechanism of injury was not provided for clinical review. The diagnoses included cervicalgia, degenerative disc disease of the cervical spine, sacroilitis, headaches, and insomnia. Previous treatments included medication. Within the clinical note dated 04/15/2014, it was reported the injured worker complained of chronic neck, arm, and low back pain. On the physical exam, the provider noted paracervical muscle tenderness on the right and left. The injured worker had decreased range of motion of the cervical spine due to pain. The provider indicated the injured worker had lumbar spine tenderness to palpation with pain. The provider requested for urine drug screen, diazepam, and rizatriptan. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, page(s) 43 Page(s): 43.

Decision rationale: The request for a urine drug screen is non-certified. The California MTUS Guidelines recommend a urine drug screen as an option to assess for the use of presence of illegal drugs. They may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, as a screening for risk or misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, and whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug seeking behaviors. There is a lack of documentation indicating when the last urine drug screen was performed. Therefore, the request is not medically necessary.

Diazapam 5mg #30: Upheld

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

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

Decision rationale: The request for diazepam 5mg #30 is non-certified. The California MTUS Guidelines do not recommend diazepam for long term use because long term efficacy is unproven and there is risk of dependence. The guidelines also recommend the limited use of diazepam to 4 weeks. The injured worker has been utilizing the medication for an extended period of time since at least 04/2014, which exceeds the guideline recommendations of 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Rizatriptan 10mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The request for Rizatriptan 10mg #20 is non-certified. The Official Disability Guidelines recommend triptans for migraine sufferers.There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of objective findings indicating the injured worker is treated for or diagnosed with migraine headaches. The request as submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.