

Case Number:	CM14-0075411		
Date Assigned:	07/16/2014	Date of Injury:	03/29/2011
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational Medicine 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 is a 52-year-old female who has submitted a claim for cervical disc displacement associated with an industrial injury date of March 29, 2011. Medical records from 2014 were reviewed. The patient complained of continued neck and elbow pain. Physical examination dated March 5, 2014 revealed patient was positive for Spurling's and compression tests. Trapezius and rhomboid spasm was noted, accompanied by right radicular pain. The rest of the medical records submitted had somewhat illegible handwriting. Treatment to date has included surgery, medications and physical therapy. Utilization review from May 12, 2014 denied the requests for 60 tablets of Valium 5 mg and 60 tablets of Ambien 10 mg because a clear rationale / clinical indication for its role in this patient's ongoing treatment was not provided. The requests for these medications were not supported as it is uncertain how long this patient has been on these medications, as guidelines do not recommend their use for long-term use. The same review denied the request for 180 tablets of Percocet 5 / 325 mg because the recent evaluation did not include an objective assessment of the patient's current pain in terms of degree/intensity and character. There is no mention of a plan to taper this medication if it is chronic, and no result of a urine drug screen. The use of Percocet is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Valium 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, the patient has been prescribed Diazepam (Valium) since at least March 2014. In the most recent clinical evaluation, there was no subjective and objective finding to support the diagnosis of anxiety. There is no discussion to support the need for continuation of diazepam use. Moreover, extension of treatment is beyond guideline recommendation. Therefore, the request for 60 tablets of Valium 5 mg is not medically necessary.

60 tablets of Ambien 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The California MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the patient has been taking Ambien since at least March 2014. However, medical records submitted for review failed to show objective evidence of improvement in the quality and duration of sleep. Therefore, the request for 60 tablets of Ambien 10 mg is not medically necessary.

180 tablets of percocet 5 / 325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been prescribed Percocet since at least March 2014. Patient notes decrease in pain with this medication however, the submitted records failed to present

evidence of objective improvement/symptomatic relief. The documentation also failed to submit a urinary drug screen. Therefore, the request for 180 tablets of Percocet 5 / 325 mg is not medically necessary.