

Case Number:	CM14-0076434		
Date Assigned:	07/18/2014	Date of Injury:	01/09/1997
Decision Date:	10/02/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 9, 1997. The applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated April 30, 2014, the claims administrator denied a request for Tylenol No. 3, denied a request for Valium, denied a request for Ativan, denied a request for Protonix, denied a request for Terocin, and denied a request for LidoPro cream. The applicant's attorney subsequently appealed. In an April 22, 2014 progress note, the applicant reported persistent complaints of multifocal pain. The applicant had not worked since 2004, it was acknowledged, and was now receiving Social Security Disability Insurance (SSDI) benefits, it was suggested. The applicant was using a TENS unit and an elbow sleeve. The applicant was eschewing chores around the home on the grounds that her pain was worse with activity. Tylenol No. 3, Valium, Ativan, Protonix, Terocin, and LidoPro cream were endorsed, along with renal and hepatic function testing. There was no explicit discussion of medication efficacy. The applicant had gained 20 pounds, it was suggested. On July 14, 2014, the applicant again reported multifocal neck and shoulder pain. The applicant was using Ativan and Valium for anxiety and sleep, it was stated. Multiple medications were renewed, including Tylenol No. 3, Valium, Ativan, and Topamax. Twelve sessions of manipulative therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tylenol #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has apparently received indemnity benefits from the Workers' Compensation system and was reportedly receiving Social Security Disability Insurance (SSDI) benefits. The attending provider suggested that the applicant's ability to perform household chores and other activities of daily living was heightened, owing to pain complaints. The attending provider did not outline the presence of any tangible decrements in pain or material improvements in function achieved as a result of ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.

60 Valium 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the California Medical Treatment Utilization Schedule (MTUS) Guideline in American College of Occupational and Environmental Medicine (ACOEM) Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods," in case of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and/or physical resources, in this case, however, it appears that the attending provider is intent on employing Valium for long-term use purposes, for daytime anxiety and/or insomnia. This is not an ACOEM-approved role for Valium. It is further noted that page 7 of the California (MTUS) Chronic Pain Medical Treatment Guidelines suggests that an attending provider incorporate applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider has not outlined a compelling basis for provision of two separate anxiolytic medications, Valium and Ativan, both on a long-term basis. Therefore, the request is not medically necessary.