

Case Number:	CM14-0082118		
Date Assigned:	07/21/2014	Date of Injury:	06/20/1995
Decision Date:	09/15/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 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:

This 55 year-old patient sustained an injury on 6/20/1995 while employed by [REDACTED] Request(s) under consideration include Diazepam 10mg #30 and Omeprazole 40mg #15. IMR has diagnoses to include brachial neuritis/ radiculitis NOS. Report of 5/13/14 from the provider noted patient with shoulder, neck, and lower back pain with headaches; neck pain rated at 6/10 radiates into the arm associated with numbness and tingling in the thumb, index, and middle fingers. Exam showed limited range in the cervical spine, shoulder abduction at 100 degrees, decreased lumbosacral range. Diagnoses included cervical degenerative disc disease s/p surgery in 1998, chronic neck, lower back, and shoulder pain, chronic pain syndrome and opioid dependence. Treatment included medications above. Request(s) for Diazepam 10mg #30 was modified for #24 and Omeprazole 40mg #15 was non-certified on 5/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: This 55 year-old patient sustained an injury on 6/20/1995 while employed by [REDACTED]. Request(s) under consideration include Diazepam 10mg #30 and Omeprazole 40mg #15. IMR has diagnoses to include brachial neuritis/ radiculitis NOS. Report of 5/13/14 from the provider noted patient with shoulder, neck, and lower back pain with headaches; neck pain rated at 6/10 radiates into the arm associated with numbness and tingling in the thumb, index, and middle fingers. Exam showed limited range in the cervical spine, shoulder abduction at 100 degrees, decreased lumbosacral range. Diagnoses included cervical degenerative disc disease s/p surgery in 1998, chronic neck, lower back, and shoulder pain, chronic pain syndrome and opioid dependence. Treatment included medications above. Request(s) for Diazepam 10mg #30 was modified for #24 and Omeprazole 40mg #15 was non-certified on 5/28/14. Diazepam (Valium) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury of 1995 nor is there documented functional efficacy from treatment already rendered. Diazepam 10mg #30 is not medically necessary and appropriate.

Omeprazole 40mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risks. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 55 year-old patient sustained an injury on 6/20/1995 while employed by [REDACTED]. Request(s) under consideration include Diazepam 10mg #30 and Omeprazole 40mg #15. IMR has diagnoses to include brachial neuritis/ radiculitis NOS. Report of 5/13/14 from the provider noted patient with shoulder, neck, and lower back pain with headaches; neck pain rated at 6/10 radiates into the arm associated with numbness and tingling in the thumb, index, and middle fingers. Exam showed limited range in the cervical spine, shoulder abduction at 100 degrees, decreased lumbosacral range. Diagnoses included cervical degenerative disc disease s/p surgery in 1998, chronic neck, lower back, and shoulder pain, chronic pain syndrome and opioid dependence. Treatment included medications above. Request(s) for Diazepam 10mg #30 was modified for #24 and Omeprazole 40mg #15 was non-certified on 5/28/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65

years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole 40mg #15 is not medically necessary and appropriate.