

Case Number:	CM14-0088813		
Date Assigned:	07/23/2014	Date of Injury:	09/21/2013
Decision Date:	10/16/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 records presented for review indicate that this 45 year-old female was reportedly injured on 9/21/2013. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated 3/19/2014, indicates that there were ongoing complaints of low back pain that radiates in the bilateral lower extremities and upper back pain that radiates in the bilateral upper extremities.. The physical examination demonstrated: cervical spine: positive tenderness to palpation spasms of the sub occipitals, left trapezius, with tenderness to palpation of the C-7 spinous process. Limited range of motion with pain. Decreased sensation in the ulnar pattern on the left upper extremity. Thoracolumbar spine: positive tenderness to palpation with spasms of the paraspinals and sacroiliac. Limited range of motion secondary to pain. Positive sitting root. Decreased sensation in the left lateral 5 and dorsal aspect of the foot. Bilateral shoulders: positive tenderness to palpation spasms of the upper trapezius and rhomboids. Limited range of motion secondary to pain. No recent diagnostic studies were available for review. Treatment includes medications and conservative treatment. A request had been made for Diazepam 5 mg #60, Pantoprazole 20 mg #60, and Ibuprofen 800 mg #90, and was not certified in the pre-authorization process on 5/30/2014.

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 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 of 127..

Decision rationale: Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a second line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. Additionally, there is no recent documentation of improvement in functionality with the use of this medication. Therefore, this request is deemed not medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127..

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.