

Case Number:	CM14-0096406		
Date Assigned:	09/22/2014	Date of Injury:	08/29/2008
Decision Date:	11/13/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 Psychiatry & Neurology and Addiction Medicine, Has a Subspecialty in Geriatric Psychiatry, 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:

Records reviewed include 102 pages of medical and administrative records. The injured worker is a 54 year old male whose date of injury is 08/29/2008 (cumulative trauma), during the course of his employment driving a truck and unloading the trailer. Diagnoses are degenerative arthritis left and right knees, lumbalgia, bilateral carpal tunnel syndromes, degenerative arthritis (right wrist), left wrist pain, and multiple medical conditions (diabetes, hypertension, morbid obesity, among others). He underwent Right Carpal Tunnel Release on 04/23/2013 and Arthroscopy, Right Wrist on 02/28/2014. Medications included Morphine, Methadone, Clonidine, Senna S, Lyrica, Hydrocodone, Naproxen, Pantoprazole, Nortriptyline, Mirtazapine, Cymbalta, Topiramate, Zolpidem Er, Humulin, Omeprazole, Atenolol, Fenofibrate, Furosemide, Simvastatin, and Savella. 02/15/14 QME noted that the patient returned to work in 10/2010, and on 11/03/2011, his knee gave out completely. He fell and was reinjured. Since that time his psychological and behavioral health declined significantly to the point of severe depression, and he began CBT with [REDACTED] on a regular basis (30 sessions to date). The patient reported improvement in ADL's and self-care, 50% reduction in anxiety and depression, with Cymbalta improving mood and energy. Sleep improved 25%, which he attributed to Ambien. He was deemed to have reached maximum medical improvement on a psychiatric basis. Recommendation for ongoing CBT of 26 sessions per year for 2 years was made, and there was concern expressed regarding the patient's pain medication regimen. Appropriate work restrictions were recommended. Diagnoses were major depressive disorder severe, anxiety disorder NOS, and pain disorder associate with general medical condition and psychological factors. A supplemental report of 03/24/14 notes bilateral carpal tunnel syndrome and diabetic peripheral polyneuropathy. Another supplemental report of 04/10/14 reviewed [REDACTED] proposed staged

definitive surgical treatment of the degenerative changes of the right wrist and the treatment plan proposed. There is a prescription written on 04/10/14 by [REDACTED] for Valium 5mg No. 8 QD or BID prn anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Valium 5mg. #8: Upheld

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

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

Decision rationale: There is inadequate documentation provided to support the necessity for Valium for anxiety, e.g. subjective complaints by the patient/objective observations by the clinician of anxiety symptoms. The most recent mention is a prescription written by [REDACTED] on 04/10/14. In fact, the addition of a long-acting benzodiazepine such as Valium to the patient's existing polypharmacy (including Morphine, Methadone, Hydrocodone, Zolpidem ER to name a few) would be contraindicated. The combination of these agents carry with them the possibility of respiratory depression in this patient. More fittingly, referral to the appropriate specialists might be considered to re-evaluate the patient's treatment plan in a multidisciplinary approach. As such, this request is definitively not medically necessary. MTUS: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005).