MAXIMUS Federal Services

Case Number:	CM14-0126749		
Date Assigned:	08/13/2014	Date of Injury:	02/13/2006
Decision Date:	01/28/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Practice and is licensed to practice in North Carolina. 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 has a reported injury date of 02/13/2006. The patient has the diagnoses of cervical disc disease with protrusions at C4/5 and C5/6, cervical cord myelomalacia and spastic paraparesis, post anterior fusion C4/5 and C5/6 times two, transient compression C5 nerve root on the right post decompression, decreased right shoulder motion, chronic low back pain with anterior slip of L5 on S1 and disc protrusion at L5-S1, foraminal narrowing at L4/5 and L5/S1, meralgia paresthetica, obesity, diabetes, headaches, left shoulder fracture, neuropathy and depression. Past treatment modalities have included physical therapy, aquatic therapy, C4/5 and C5/6 anterior fusion and C6-7 ACDF. Per the most recent progress notes provided for review from the primary treating physician dated 06/26/2014, the patient had complaints of constant low back pain with decreased lower extremity strength. The physical exam noted lumbar reduced range of motion with pain and decreased strength at the hip flexors rated a 4/5. The treatment plan recommendations included an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nudexta 20/10mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested medication.Per the physician desk reference, this medication is a combination of quinidine and dextromethorphan. It is used for the treatment of uncontrolled outburst of crying and laughing in patients with certain neurologic disorders, most notably multiple sclerosis and ALS. It is used in the treatment of pseudobulbar affect disorder. Per the notes provided by the treating psychiatrist dated 06/26/2014, the medication is being used to treat crying episodes. However the patient does not have pseudobulbar affect disorder, multiple sclerosis or ALS. Therefore the medication is not being used for an FDA approved indication and thus is not medically necessary.

Valium 5mg #75: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines stated:"Benzodiazepines, 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)"This medication is not recommended per the California MTUS for chronic ongoing use. They are the treatment of choice in very few instances. There is no indication of failure of other first line anxiety medications. Therefore the request is not medically necessary.