

Case Number:	CM14-0186344		
Date Assigned:	11/14/2014	Date of Injury:	12/07/1996
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 63-year-old male who reported an injury on 12/07/1996. The mechanism of injury was a fall. His diagnoses include postlaminectomy syndrome of the lumbar region, low back pain, muscle spasm, hypersomnia, and long term use of medications. His past treatments include the use of a TENS unit, heat compresses, and lying on his right side. The diagnostic studies include x-rays of the lumbar spine on 01/10/2011, and MRI of the thoracic spine and lumbar spine on 09/09/2011, and a nerve conduction study of the lower extremities and EMG of the right paraspinals on 09/30/2008. The surgical history includes L4-5 and L5-S1 foraminotomy on 05/23/2012. On 10/14/2014, the injured worker presented with bilateral low back pain that extended into his buttocks, posterior thighs, calves, and feet. He also reported that his pain was aggravated with activity, numbness and tingling, as well as weakness in the lower extremities. There were no objective findings addressed during this clinical visit. The injured worker was being seen to monitor and assess for medication efficacy and compliance. The treatment plan was noted to include a urine drug screen which revealed an abnormal positive result for benzodiazepines. A request was received for a prescription of Valium, Ambien, and Effexor ER. A rationale was not provided with this request. The Request for Authorization Form was submitted for review on 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Valium 10mg #30 with 5 refills: Upheld

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

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

Decision rationale: The request for (1) Prescription of Valium 10mg #30 with 5 refills is not medically necessary. The California MTUS Guidelines do not recommend long-term use of benzodiazepines as long-term efficacy is unproven and there is a risk of dependence. Additionally, the guidelines recommend limited use of up to 4 weeks. The documentation indicates the injured worker has been taking Valium since 2011, which grossly exceeds the guidelines' recommendation. Moreover, the urine drug screen on 10/14/2014 revealed an abnormal positive result for benzodiazepines. However, there was insufficient documentation to show recent urine drug screen and assessment for aberrant drug-taking behavior. Furthermore, the request for refills would not be indicated as it would not allow for periodic reassessment of efficacy of the medication prior to providing additional medication. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for (1) Prescription of Valium 10mg #30 with 5 refills is not medically necessary.

(1) Prescription of Ambien 5mg #30 with 5 refills: 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 & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien®).

Decision rationale: The request for (1) Prescription of Ambien 5mg #30 with 5 refills is not medically necessary. The Official Disability Guidelines recommend Zolpidem for a short-term treatment of 7-10 days for the treatment of insomnia. The documentation indicates the injured worker has been taking Ambien since 01/2013, which is well beyond the guidelines' recommendation. Furthermore, the request for refills would not be indicated as it would not allow for periodic reassessment of efficacy of the medication prior to providing additional medication. Therefore, the request is not supported. As such, the request for (1) Prescription of Ambien 5mg #30 with 5 refills is not medically necessary.

(1) Prescription of Effexor XR 75mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 105.

Decision rationale: The request for (1) Prescription of Effexor XR 75mg #60 with 5 refills is not medically necessary. The California MTUS Guidelines recommend SRNIs as an option for first-line treatment of neuropathic pain. The documentation submitted was suggestive of neuropathic pain and the injured worker was noted to be previously taking Effexor. However, there was insufficient documentation of objective pain relief and objective function improvement. Furthermore, the request for refills would not be indicated as it would not allow for periodic reassessment of efficacy of the medication prior to providing additional medication. Therefore, the request is not supported. As such, the request for (1) Prescription of Effexor XR 75mg #60 with 5 refills is not medically necessary.