

Case Number:	CM14-0195177		
Date Assigned:	12/22/2014	Date of Injury:	12/30/2010
Decision Date:	01/16/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

Patient with reported date of injury on 12/30/2010. No mechanism of injury was provided. Patient has a diagnosis of chronic pain syndrome, post-laminectomy syndrome, and history of myelopathy and post C4-7 fusion. Medical reports were reviewed. Last report is available until 10/28/14. Patient complains of severe neck pains. Pain radiates up to head causing headaches. Has L sided neck pains causing spasms. Pain is worst due to denial of Maxalt prescription. Objective exam reveals tenderness to cervical paraspinal muscles and facets. There is more on L side and L trapezius with spasms. There is limited range of motion. Strength was 4+/5 with R grip. Note mentions that Tramadol was being discontinued due to lack of efficacy and patient was to continue Norco. Duragesic patch was started for "long-acting medication". Medications include Norco, Tramadol, Valium and Baclofen. Independent Medical Review is for Valium 2mg #60 and Duragesic 25mcg #10. Prior UR on 11/7/14 recommended non-certification. The medication Valium was modified for weaning. The request for cervical facet injections was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Valium 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The medication Valium is a benzodiazepine. As per MTUS Chronic Pain Guidelines, benzodiazepines are only recommended for short term use due to high tolerance and side effects. Patient is taking the medication chronically. Therefore, the request for Valium is not medically necessary.

Duragesic patch 25mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Opioids, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-93.

Decision rationale: Duragesic or Fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic Pain Guidelines, Fentanyl patches are not recommended as 1st line treatment and should only be initiated when patient requires continuous pain control, failed other oral therapy and is not opiate naive. There is no documentation of patient being on extended release oral medications such as Oxycontin or MS Contin. There is no documentation as to why these other longer acting opioid or other conservative medications for myelopathy have not been attempted. Duragesic patch is not medically necessary.