

Case Number:	CM14-0200916		
Date Assigned:	12/11/2014	Date of Injury:	01/09/2001
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

This is a 65 year old male patient who sustained a work related injury on 1/9/2001. The exact mechanism of injury was not specified in the records provided. The current diagnoses include chronic intractable pain, status post intrathecal pump implantation, lumbar pain and lumbar radiculopathy secondary to lumbar degenerative disease and chronic medication management. Per the doctor's note dated 10/14/14, patient has complaints of pain at 3/10 in the lumbar region and down the left leg. Physical examination of the low back revealed normal vitals, normal cardiovascular and respiratory examination and neurological examination. He does have a dressing wound on his left lower leg where he recently had a basal cell carcinoma excised. He states that the margins were clear and there were no new focal deficits. Physical examination on 6/11/14 that revealed tenderness on palpation, positive SLR, antalgic gait, lumbar muscle spasm, decreased strength and sensation, and normal DTRs. The medication lists include MS Contin, Valium, Aspirin, Lisinopril and Fentanyl. The patient has had MRI and X-ray of the upper extremity. The patient's surgical history include Vocal cord surgery. The patient has had spinal cord stimulator and intrathecal pain pump implant in 2005 for this injury. The patient had received steroid injections for this injury. The patient has received an unspecified number of PT, acupuncture and massage therapy visits for this injury. The patient has used brace, cast, sling and splint for this injury. He has had a urine drug toxicology report on 4/7/14 and 10/14/14 that was positive for opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #30 with refills: 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 Benzodiazepines Page(s): 24.

Decision rationale: Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines 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 actions 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 detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided.A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Valium 10mg #30 is not fully established in this patient.

MSIR 30 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use:CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s): 7.

Decision rationale: MSIR 30 #90 is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side

effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MSIR 30 #90 is not established for this patient.