

Case Number:	CM15-0006363		
Date Assigned:	01/26/2015	Date of Injury:	05/09/1999
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old male who sustained an industrial injury to his back on 5/9/1999. He has reported paraspinal myofascial pain, lumbar and cervical. The diagnoses have included lumbar facet arthropathy, lumbar strain/sprain, thoracic strain/sprain, sacroiliac joint dysfunction and cervical degenerative disc disease. Treatment to date has included medications, diagnostics, rest and Home Exercise Program (HEP). Currently, the IW complains of constant cervical and lumbar pain which is described as sharp, dull, aching, throbbing, numbness with weakness and spasm. He was also anxious. The pain was currently rated a 3/10 but has been as bad as 8/10. The physical exam revealed moderate left paracervical tenderness and spasms, Spurling maneuver was positive on the left. There were bilateral cervical, thoracic and lumbar spasms. The IW has had significant relief with medications and has been lowering the dosage used. There were no recent diagnostics submitted. The physician requested Valium 5mg 1 po QID #120 with 1 refill Qty 240, Retro Urine Drug Screen-dos12/10/14, and Bilateral lumbar medial branch block at L1-L2 & L2-L3 with anesthesia and x-ray with fluoroscopic guidance, series of 2-3 injections at 1-2 wk intervals for decreased pain and improved activities of daily living (ADL's). On 12/23/14 Utilization Review non-certified a request for Valium 5mg 1 po QID #120 with 1 refill Qty 240, Retro Urine Drug Screen-dos12/10/14, and Bilateral lumbar medial branch block at L1-L2 & L2-L3 with anesthesia and x-ray with fluoroscopic guidance, series of 2-3 injections at 1-2 wk intervals, noting the guidelines do not support the continued use of benzodiazepines. There has been no recent imaging performed of the lumbar spine and prior to invasive treatment it is necessary to review detailed imaging and medial branch blocks are not

recommended on a therapeutic basis. Regarding the urine drug screen, the IW recently underwent a UDS without any inconsistencies and reports do not indicate any medication misuse. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg 1 po QID #120 with 1 refill Qty 240: Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain including chronic neck and low back pain. Valium (diazepam) is a benzodiazepine which is not recommended for longterm use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of his condition and therefore the continued prescribing of Valium was not medically necessary.

Retro Urine Drug Screen-dos12/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page 77-78 Page(s): 77-78.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain including chronic neck and low back pain. Treatments have included medications with expected findings on urine drug screening previously performed in September 2014. Medications include opioids. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening was not medically necessary.

Bilateral lumbar medial branch block at L1-L2 & L2-L3 with anesthesia and x-ray with fluoroscopic guidance, series of 2-3 injections at 1-2 wk intervals: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2013; Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections)

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain including chronic neck and low back pain. In terms of the requested series of lumbar medial branch blocks, guidelines recommend no more than one set of medial branch diagnostic blocks prior to consideration of facet neurotomy. Although the use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks, this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself.