

Case Number:	CM15-0136884		
Date Assigned:	07/24/2015	Date of Injury:	09/23/2011
Decision Date:	08/27/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 64-year-old female, who sustained an industrial injury on September 23, 2011. The injured worker was diagnosed as having lumbago, pain in joint lower leg, osteoarthritis, thoracic or lumbosacral neuritis or radiculitis, spondylolisthesis and long-term use of medication. Treatment to date has included left knee surgery on 10/14/14, therapy and medication. A progress note dated June 15, 2015 provides the injured worker complain of left knee pain rated 7/10. She also reports withdrawal symptoms from not using Suboxone. Physical exam notes lumbar tenderness on palpation with decreased range of motion (ROM) and decreased strength of the left lower extremity. The plan includes chiropractic treatment, medication, lumbar brace and follow-up. The medication list includes Norco, Suboxone, Vicodin, Vicoprofen, Wellbutrin, Xanax, Valium, and Ibuprofen. The patient has had MRI of the lumbar spine on 10/11/14 that revealed degenerative changes and bilateral knee X-ray on 9/25/14 that revealed degenerative changes. The patient had received an unspecified number of PT visits for this injury. The patient's surgical history includes right hip replacement. The patient has had behavioral health evaluation on 3/22/10 that revealed she had sedative, hypnotic or anxiolytic dependence and had opioid dependence. Her father verbally and physically abused her in entire childhood. The patient has had history of acute muscle spasm and anxiety. A recent detailed psychological/ psychiatric evaluation note of the psychiatrist was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #60: Overturned

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 Official Disability Guidelines, current online version Pain (updated 07/15/15) Benzodiazepines.

Decision rationale: Request: Diazepam 5mg #60. Diazepam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "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." The injured worker was diagnosed as having lumbago, pain in joint lower leg, osteoarthritis, thoracic or lumbosacral neuritis or radiculitis, spondylolisthesis and long-term use of medication. Treatment to date has included left knee surgery on 10/14/14. She also reports withdrawal symptoms from not using Suboxone. Physical exam notes lumbar tenderness on palpation with decreased range of motion (ROM) and decreased strength of the left lower extremity. The patient has had MRI of the lumbar spine on 10/11/14 that revealed degenerative changes and bilateral knee X-ray on 9/25/14 that revealed degenerative changes. The patient's surgical history includes right hip replacement. Her father verbally and physically abused her in entire childhood. The patient has had history of acute muscle spasm and anxiety. She is already taking an antidepressant and Wellbutrin. The diazepam has been prescribed in a low dose and a reasonably small quantity. In this pt with a history of opioid withdrawal, childhood abuse, chronic pain, hip replacement, anxiety, on antidepressant, it is deemed that a small quantity of low dose diazepam is medically appropriate and necessary for dealing with anxiety on a prn basis. The request for Diazepam 5mg #60 is medically necessary and appropriate for this patient at this time.

Ibuprofen 400mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Ibuprofen 400mg #100Ibuprofen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The injured worker was diagnosed as having lumbago, pain in joint lower leg, osteoarthritis, thoracic or lumbosacral neuritis or radiculitis, spondylolisthesis and long-term use of medication. Treatment to date has included left knee surgery on 10/14/14, a progress note dated June 15, 2015 provides the injured worker complains of left knee pain rated

7/10. Physical exam notes lumbar tenderness on palpation with decreased range of motion (ROM) and decreased strength of the left lower extremity. The patient has had MRI of the lumbar spine on 10/11/14 that revealed degenerative changes and bilateral knee X-ray on 9/25/14 that revealed degenerative changes. The patient's surgical history include right hip replacement. NSAIDS like Ibuprofen are first line treatments to reduce pain. Ibuprofen 400mg #100 use is deemed medically necessary in this patient.