

Case Number:	CM15-0161032		
Date Assigned:	08/27/2015	Date of Injury:	05/12/2006
Decision Date:	10/02/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented Big Lots employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 12, 2006. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve requests for Naprosyn and Valium. The claims administrator referenced an RFA form received on July 22, 2015 in its determination, along with a progress note dated June 22, 2015. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the sole note on file furnished was dated March 31, 2015; thus, the June and July 2015 progress note and RFA form which the claims administrator based its decision upon were not seemingly incorporated into the IMR packet. On March 31, 2015, the applicant reported ongoing complaints of low back and leg pain. The applicant was using Norco, Kadian, Neurontin, Naprosyn, Valium, and tizanidine, it was reported. 8-9/10 pain with medications versus 10/10 pain without medications was reported. Standing, walking, bending, and lifting remained problematic, it was reported. The applicant had superimposed issues with anxiety and depression, it was reported in the problem list section of the note. Multiple medications were renewed. The applicant was deemed disabled, it was suggested. It was not clearly stated whether the applicant was using diazepam (Valium) for analgesic effect, antispasmodic effect, or anxiolytic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #120: Upheld

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

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

Decision rationale: No, the request for Valium, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for long-term use purposes, with most guidelines limiting usage of the same to four weeks, whether employed for sedative effect, hypnotic effect, anticonvulsant effect, anxiolytic effect, or muscle relaxant effect. Here, thus, continued usage of the Valium was at odds with page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's March 31, 2015 progress note did not, furthermore, clearly state for what purpose or diagnosis Valium (diazepam) had been employed. Therefore, the request was not medically necessary.

Anaprox 55mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for Anaprox (naproxen), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen (Anaprox) do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing naproxen usage, it was acknowledged on March 31, 2015. The applicant had been deemed "disabled," it was reported on that date. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Kadian and Norco. The applicant reported pain complaints as high as 8-9/10, despite ongoing naproxen usage and reported continued difficulty performing activities of daily living as basic as standing, walking, bending, and lifting, it was reported on March 31, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

