

Case Number:	CM15-0164575		
Date Assigned:	09/01/2015	Date of Injury:	12/12/2002
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 59-year-old male who sustained an industrial injury on 12-12-2002. He has reported back pain and has been diagnosed with chronic pain due to trauma, acquired spondylolisthesis, chronic, myalgia and myositis, unspecified, muscle spasm, radiculopathy, cervical, chronic, spinal stenosis in the cervical region, neck pain, degenerative disc disease cervical chronic, and cervical herniated nucleus pulposus. Treatment has included medications and surgery. He has reported his pain an 8 out of 10. The treatment plan included medications. The treatment request included Diazepam 10 mg # 81 and Clonidine HCL 0.2 mg # 54.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg qty: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007 or current year, Pain (Chronic) Weaning of Medications.

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

Decision rationale: Diazepam 10mg qty: 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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 action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on benzodiazepines already and the documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations, and using this medication beyond the MTUS recommended 4 week time period. The request for Diazepam is not medically necessary.

Clonidine HCL 0.2mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, Intrathecal Page(s): 34. Decision based on Non-MTUS Citation <http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm235555.htm>.

Decision rationale: Clonidine HCL 0.2mg qty: 60 is not medically necessary per the MTUS Guidelines. The MTUS states that Clonidine, intrathecally is recommended only after a short-term trial indicates pain relief in-patients refractory to opioid monotherapy or opioids with local anesthetic. There is little evidence that this medication provides long-term pain relief. A review of this medication online indicates that the FDA states that Sinus bradycardia resulting in hospitalization and pacemaker insertion has been reported in association with the use of clonidine concurrently with diltiazem. The FDA recommends monitoring heart rate in patients receiving concomitant diltiazem and clonidine. The documentation indicates that the patient is on Diltiazem and there is no evidence that his heart rate will be monitored with Clonidine usage. Therefore, this medication is not medically necessary.