

Case Number:	CM15-0169898		
Date Assigned:	09/10/2015	Date of Injury:	08/30/2002
Decision Date:	10/08/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, 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 72-year-old female, with a reported date of injury of 08-30-2002. The diagnoses include chronic neck pain, cervical radiculopathy, left shoulder internal derangement, chronic low back pain, and lateral epicondylitis. Treatments and evaluation to date have included oral medications, including Restoril (since at least 10-2014) and Valium (since at least 10-2014); topical pain medication; TENS (transcutaneous electrical nerve stimulation) unit; and cervical traction unit. The progress report dated 08-06-2015 indicates that the injured worker complained of an escalation of neck, upper back, shoulder, and low back pain, with continued bilateral arm weakness. She reported increased neck pain with driving and long rides as a passenger. It was noted that the injured worker's pain and function was helped by periodic courses of chiropractic treatment. Her pain was also helped by the oral and topical pain medications. The Restoril helped with her sleep, and the Valium (diazepam) helped with spasms and sleep. The injured worker denied side effects with the medications. These subjective findings were also reported on 05-14-2015. The objective findings (05-14-2015 to 08-06-2015) include tightness and spasms of the bilateral cervical paraspinal muscles and bilateral upper trapezius muscles. Cervical spine imaging showed C5-6 osteophyte with moderate to severe left neural foraminal narrowing. The treatment plan included a prescription for Restoril, 1-2 at bedtime for sleep restoration, a prescription for Diazepam, 1-2 at bedtime as needed for flare-up of muscle spasms, and chiropractic care for flare-up control and functional restoration. The injured worker's work status was deferred to the primary treating physician. The medical records include 8 chiropractic treatment records from 01-23-2014 through 07-23-2015. The treating physician requested

12 chiropractic treatment sessions, Restoril 15 mg #60 with two refills, and Diazepam 5 mg #60 with two refills. The request for authorization was dated 08-03-2015. On 08-24-2015, Utilization Review (UR) modified the request for 12 chiropractic treatment sessions to 6 chiropractic sessions since there was documentation of musculoskeletal pain; and for Restoril 15 mg #60 with two refills to Restoril 15 mg #54 with no refills and Diazepam 5 mg #60 with two refills to Diazepam 5 mg #54 with no refills to allow for an attempt of taper and wean of approximately 10% of the daily dose over a four week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for flare-ups, control/ functional restoration, quantity: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant has undergone numerous chiropractor sessions in the past year. Therapeutic response from progress reports were not provided. As a result 12 additional chiropractor therapy is not justified, exceeds the amount needed and is not medically necessary.

Restoril 15mg, quantity: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic,

anticonvulsant and muscle relaxant. In this case, failure of behavioral interventions for sleep was not noted. Restoril is used as a sleep agent. Long-term use is not indicated. The claimant was also on Valium - another Benzodiazepine for over a year in conjunction with the use of Restoril recently. The continued and chronic use of Restoril is not medically necessary.

Diazepam 5 mg, quantity: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because their efficacy is unproven and there is a risk of addiction. Most guidelines limit their use to 4 weeks and their range of action includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant was on Valium for over a year. Long-term use is not recommended. Continued and chronic use of Valium is not medically necessary.