

Case Number:	CM15-0186176		
Date Assigned:	09/28/2015	Date of Injury:	12/17/2007
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male/female, who sustained an industrial injury on 12-17-2007. The injured worker was being treated for lumbago, lumbar radiculopathy, failed back surgery syndrome, chronic pain syndrome, and right shoulder pain with rotator cuff tear, bursitis, and degenerative joint disease. On 7-1-2015, the injured worker reported his pain is about the same, but with increased morning stiffness. He reported worsening posture. He reported his medications control his pain. He rated his pain 2 out of 10 with medications and 8 out of 10 without medications. The physical exam (7-1-2015) revealed decreased lumbar range of motion and positive straight leg raise, Patrick's, facet loading, and Spurling's tests. There was tenderness to palpation over the lumbar paraspinal muscles. There was tenderness to palpation over the right shoulder with decreased range of motion. Per the treating physician (7-1-2015 report), an MRI of the right shoulder from 12-17-2013 revealed a longitudinal tear of the supraspinatus and infraspinatus tendons near the myotendinous junction and acromioclavicular joint osteoarthritis, and subacromial bursal effusion. On 7-1-2015, a urine drug screen revealed positive results for benzodiazepines, opiates, and Oxycodone. Treatment has included a home exercise program and medications including pain (Oxycontin and Norco) and muscle relaxant (Valium with unclear duration of use). The requested treatments included Valium 10mg one tablet PO 3 times a day as needed (TID PRN) and random urine drug testing. On 9-1-2015, the original utilization review non-certified requests for Valium 10mg one tablet PO 3 times a day as needed (TID PRN) and random urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg one tablet PO TID PRN: 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: The patient presents with low back and right shoulder pain rated 2/10 with and 8/10 without medications. The request is for Valium 10MG one tablet PO TID PRN. The request for authorization is not provided. MRI of the right shoulder, 12/17/13, shows longitudinal tear of the supraspinatus and infraspinatus tendons near the myotendinous junction and osteoarthritis of the acromioclavicular joint, and subacromial bursal effusion. Physical examination reveals decreased range of motion of the lumbar spine. Straight leg raise, Patrick's, facet loading, and Spurling's tests were all noted to be positive. There was tenderness to palpation noted over the lumbar paraspinal muscles and right shoulder. There was decreased range of motion of the right shoulder. He will continue with home exercise program as previously instructed. Patient's medications include OxyContin, Norco, and Valium. The patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines 2009, Benzodiazepines section, page 24 states: "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, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant. Tolerance to anti-convulsant and muscle relaxant effects occurs within weeks." Per progress report dated 07/01/15, treater's reason for the request is "spasms." Only one progress report is provided for review and thus unable to determine when Valium was initiated. Per same progress report, treater states, "He was given a three-month supply of all three of his medications." However, MTUS guidelines does not recommend its use for long-term and limits use to 4 weeks. The request for three-month supply of Valium exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Random urine drug testing: Overturned

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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with low back and right shoulder pain rated 2/10 with and 8/10 without medications. The request is for random urine drug testing. The request for authorization is not provided. MRI of the right shoulder, 12/17/13, shows longitudinal tear of the supraspinatus and infraspinatus tendons near the myotendinous junction and osteoarthritis of the acromioclavicular joint, and subacromial bursal effusion. Physical examination reveals decreased range of motion of the lumbar spine. Straight leg raise, Patrick's, facet loading, and Spurling's tests were all noted to be positive. There was tenderness to palpation noted over the lumbar paraspinal muscles and right shoulder. There was decreased range of motion of the right shoulder. He will continue with home exercise program as previously instructed. Patient's medications include OxyContin, Norco, and Valium. The patient's work status is not provided. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Per progress report dated 07/01/15, treater's reason for the request is "to determine levels of prescription and the presence of any non-prescription drugs per MTUS." In this case, the patient is prescribed OxyContin and Norco, which are opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.