

Case Number:	CM15-0187394		
Date Assigned:	09/29/2015	Date of Injury:	06/10/2004
Decision Date:	11/06/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/23/2015

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: Emergency 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:

This is a 51-year-old male with a date of industrial injury 6-10-2004. The medical records indicated the injured worker (IW) was treated for lumbar degenerative disc disease, status post multiple L4-5 discectomies; lumbosacral radiculopathy; chronic low back pain; possible left hip degenerative joint disease; bilateral shoulder impingement syndrome; and bilateral chronic knee pain with recent worsening of the right knee. In the 7-22-15 and 8-19-15 progress notes, the IW reported he had a seizure on 7-11-15, dislocating his left shoulder and aggravating his back pain. He complained of chronic pain in the neck and of the back, with radicular symptoms to the bilateral lower extremities. He rated his pain 8 out of 10 without medications and 3 out of 10 with them. He noted approximately 60% reduction in pain and spasm with use of Duragesic and Lidoderm patches, Motrin and Neurontin. Medications most recently included Neurontin, Duragesic patches (since at least 8-2015), Wellbutrin XL, Cymbalta, Motrin, Lunesta, Xanax and Lidoderm patches. Xanax was being changed to Valium for spasm and anxiety. Objective findings on 7-22-15 and 8-19-15 included positive impingement signs in both shoulders; tenderness to palpation throughout the upper and lower spine and reduced range of motion in the cervical spine; swelling in the lower extremities from the calf to the foot with tenderness at the knees and left ankle; and ecchymosis at the left ankle. Seated straight leg raising was positive bilaterally. Motor testing was 2 out of 5 at the ankles and feet, bilaterally, 3- out of 5 with right knee extension, 4 out of 5 with left knee extension and 4 out of 5 with hip flexion bilaterally. Treatments included epidural steroid injection at L5-S1 (2013; 50% reduction in back pain for four to five months), lumbar spine surgery (2011, 2013) and medications (failed: Soma, Flexeril,

Trazadone, Amitriptyline, Norco, and Lyrica). A urine drug screen on 8-19-15 was not consistent with medications prescribed. A Request for Authorization was received for Valium 5mg, #120 and Duragesic 50mcg, #10. The Utilization Review on 9-12-15 non-certified the request for Valium 5mg, #120 and modified the request for Duragesic 50mcg, #10 to allow #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Anxiety medications in chronic pain.

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

Decision rationale: The requested Valium 5 mg Qty 120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has noted approximately 60% reduction in pain and spasm with use of Duragesic and Lidoderm patches, Motrin and Neurontin. Medications most recently included Neurontin, Duragesic patches (since at least 8-2015), Wellbutrin XL, Cymbalta, Motrin, Lunesta, Xanax and Lidoderm patches. Xanax was being changed to Valium for spasm and anxiety. Objective findings on 7-22-15 and 8-19-15 included positive impingement signs in both shoulders; tenderness to palpation throughout the upper and lower spine and reduced range of motion in the cervical spine; swelling in the lower extremities from the calf to the foot with tenderness at the knees and left ankle; and ecchymosis at the left ankle. Seated straight leg raising was positive bilaterally. Motor testing was 2 out of 5 at the ankles and feet, bilaterally, 3-out of 5 with right knee extension, 4 out of 5 with left knee extension and 4 out of 5 with hip flexion bilaterally. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 5 mg Qty 120 is not medically necessary.

Duragesic 50 mcg Qty 10: 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): Opioids for chronic pain.

Decision rationale: The requested Duragesic 50 mcg Qty 10, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment

of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has noted approximately 60% reduction in pain and spasm with use of Duragesic and Lidoderm patches, Motrin and Neurontin. Medications most recently included Neurontin, Duragesic patches (since at least 8-2015), Wellbutrin XL, Cymbalta, Motrin, Lunesta, Xanax and Lidoderm patches. Xanax was being changed to Valium for spasm and anxiety. Objective findings on 7-22-15 and 8-19-15 included positive impingement signs in both shoulders; tenderness to palpation throughout the upper and lower spine and reduced range of motion in the cervical spine; swelling in the lower extremities from the calf to the foot with tenderness at the knees and left ankle; and ecchymosis at the left ankle. Seated straight leg raising was positive bilaterally. Motor testing was 2 out of 5 at the ankles and feet, bilaterally, 3- out of 5 with right knee extension, 4- out of 5 with left knee extension and 4 out of 5 with hip flexion bilaterally. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The request for Duragesic 50 mcg Qty 10 is not medically necessary.