MAXIMUS Federal Services

Case Number:	CM15-0194853		
Date Assigned:	10/08/2015	Date of Injury:	11/01/1989
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina
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 57 year old male with a date of injury on 11-01-1989. The injured worker is undergoing treatment for lumbar nerve root injury, arachnoiditis, muscle spasms, lumbar discogenic degeneration, debilitation and epidural fibrosis, dry mouth secondary to narcotics, headaches, reflex sympathetic dystrophy and vascular stasis ulcers. Physician progress notes dated 03-03-2015 to 08-26-2015 documents the injured workers back pain is getting to be more severe. He still has severe unrelenting pain in his head and mouth. The dentist found no infection. He remains bent over to the left side at the lumbar spine, he is having trouble walking. He has many other severe pain problems. His pain increases with activity. He tries to decrease his medications so that he can increase his medications when he has more pain. He has severe back and leg pain and his daily activities are more diminished than ever. "Mylogram shows severe arachnoiditis and nerve clumping and so there is objective evidence of the pathophysiology of his pain." His legs are having more trouble with swelling and mottling when he stands. He spends a lot of time in bed, and he needs 24-hour care and assistance. He needs help with brushing his teeth, bathing, meals and shopping for groceries. He needs his medications refilled. He has back pain and lower extremity pain. Lumbar spine range of motion is restricted and straight leg raising is positive bilaterally. He has hypersensitivity pain to light touch in both calves and feet. He has bilateral lower extremity stasis ulcers. His right foot is a lot colder than the left, a significant sign of RSD. He is weak all over and in a lot more pain. Treatment to date has included diagnostic studies, medications, nerve blocks, and an intrathecal pump which had previously been removed due to an infection. A cervical Magnetic Resonance

Imaging dated 04-28-2015 revealed congenital fusion of C2-3, C3-4, C4-5, C5-6, and C6-7 show posterior disc protrusions with bilateral neural foraminal narrowing with right exiting nerve root compromise and others show bilateral exiting nerve root compromise. A urine drug screen done on 06-17-2015 was inconsistent. The treatment plan includes the medications Methadone, Baclofen, Neurontin, Fentora, Valium and Colace. Current medications include OxyContin, Docusate Sodium, Valium, Methadone, Baclofen, Neurontin, Fentora, oxycodone, and Vitamin B12. He is under consideration for an implantable pump, Vitamin B12 injection, a vitamin D level, a Magnetic Resonance Imaging brain and cervical spine, and urine testing. Lumbar sympathetic nerve blocks are planned for his next visit. On 09-18-2015 Utilization Review modified the request for Valium 10mg #120 to Valium 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #120: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines. 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. 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 antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term us of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.