

Case Number:	CM15-0215551		
Date Assigned:	11/06/2015	Date of Injury:	10/17/2008
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, 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 44 year old female, who sustained an industrial injury on 10-17-08. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, fibromyositis, obesity and reactive depression. Subjective findings (5-13-15 and 8-27-15) indicated 8-10 out of 10 pain in head, back and hands. Objective findings (8-27-15) revealed include tenderness to palpation of the upper and lower extremities and numbness and tingling along the medial nerve distribution of the right hand. As of the PR2 dated 10-16-15, the injured worker reports continued pain in her neck, back and shoulders. She indicated her anxiety and muscle spasms improve with use of Diazepam. Objective findings include tenderness to palpation of the upper and lower extremities and numbness and tingling along the median nerve distribution of the right hand. The treating physician noted that the injured worker has failed other conservative measures for persistent headaches. Current medications include Amitiza, Cymbalta, Effexor, Lyrica, Hydrocodone and Diazepam (since at least 5-13-15). Treatment to date has included psychiatric treatments. The Utilization Review dated 10-29-15, non-certified the request for Diazepam and sphenopalatine ganglion nerve block. The patient has had history of headache. The patient had psychological evaluation on 6/14/13 and on 10/15/14 that revealed major depression, moderate anxiety. The patient had a history of sexual abuse and physical abuse. The patient sustained the injury due to cumulative trauma. The patient had a UDS on 10/16/15 that was consistent. The patient has had history of difficulty in sleeping. The patient was prescribed 5 mg diazepam 0.5 tablet twice daily for 30 days without refill on 10/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Benzodiazepines.

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 (updated 12/02/15) Benzodiazepines.

Decision rationale: Request: Diazepam. This medication is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." The patient had diagnoses of degeneration of lumbar intervertebral disc, fibromyositis, obesity and reactive depression. She indicated her anxiety and muscle spasms improve with the use of Diazepam. Objective findings include tenderness to palpation of the upper and lower extremities and numbness and tingling along the median nerve distribution of the right hand. The patient had psychological evaluation on 6/14/13 and on 10/15/14 that revealed major depression, moderate anxiety. The patient had a history of being sexually abused and physically abused. The patient had a UDS on 10/16/15 that was consistent. The patient had a history of difficulty in sleeping. The patient was prescribed 5 mg diazepam 0.5 tablet twice daily for 30 days without refills on 10/16/15. The diazepam was prescribed in a low dose and a reasonably small quantity without refills. In this patient with a history of sexual abuse and physical abuse, chronic pain, anxiety, and insomnia, it is deemed that a small quantity of low dose diazepam is medically appropriate and necessary for dealing with anxiety. The request for Diazepam is medically necessary and appropriate for this patient at this time.

Sphenopalatine ganglion nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Sphenopalatine ganglion (SPG) nerve blocks for headaches.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15) Sphenopalatine ganglion (SPG) nerve block for headaches.

Decision rationale: Sphenopalatine ganglion nerve block. As per the cited guideline Sphenopalatine ganglion (SPG) nerve block for headaches: Not recommended until there are higher quality studies. There is only one limited trial. The cited guideline does not recommend Sphenopalatine ganglion (SPG) nerve block. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Sphenopalatine ganglion nerve block is not fully established in this patient.