

Case Number:	CM15-0219608		
Date Assigned:	11/12/2015	Date of Injury:	12/01/2001
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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 59 year old female, who sustained an industrial injury on 12-1-2001. According to physician documentation, the injured worker was diagnosed with migraine, neck sprain, degeneration of cervical intervertebral disc, brachial radiculitis, chronic pain syndrome, myalgia, cervical facet joint pain, post laminectomy syndrome, myositis, vocal cord paralysis secondary to surgical mishap and depressive disorder. Subjective findings dated 6-25-2015, 9-2-2015 and 10-2-2015, were notable for chronic neck pain with migraines and vertigo, stating the Axert alleviates headaches and valium relaxes her vocal cord vibration. Physician notes state, the injured worker has a history of vocal cord paralysis and some hoarseness due to neck surgery; she was advised to take Prevacid to prevent acid reflux. She rates her pain anywhere from 2-7 out of 10 with pain medication and 10 out of 10 without pain medication. Objective findings dated 9-2-2015 and 10-19-2015, were notable for cervical diffuse tenderness over bilateral trapezii, mild tenderness over bilateral shoulders with rotation being 40%-50%, flexion 10%, extension 50% and restricted bilateral range of motion secondary to pain. On 4-4-2014, an MRI of the cervical spine was performed revealing a C2-C3 (cervical) disc protrusion, mild left facet osteoarthropathy, C3-C4 bilateral foraminal stenosis, and bulging and central disc protrusion. Treatment to date have included Percocet 10/325mg, Norco 10/325mg, Soma 350mg, Lidoderm patch, Valium 10mg (at least since 10-2-2015), Seroquel 25mg, Axert 12.5mg, Wellbutrin 150mg, Prozac 10mg, Prevacid 30mg (at least since 10-2-2015), Prilosec 20mg, Colace, Sennalax, Thermacare patches, heat/ice alternative with gentle stretching and exercises, back surgery and left foot surgery. The Utilization Review determination dated 10-26-2015 did not certify prospective treatment/service requested for Prevacid 20mg #60 with 3 refills (dates 10-2-15 to 2-19-2016) and Valium 10mg #30 (modified from 3 refills) (dates 10-2-2015 to 2-19-2016).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prevacid 20 mg with 3 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 10/5/15 progress report provided by the treating physician, this patient presents with neck pain with increasing migraines, rated 10/10 without medication and 2/10 with medication. The treater has asked for 1 prescription of Prevacid 20 mg with 3 refills. The patient's diagnosis per request for authorization dated 10/2/15 is cervical degenerative disc disease. The patient is s/p 2 cervical fusions of unspecified dates (C5-6 and C6-7) per 9/2/15 report. The patient states that Valium prevents her vocal cord from spasms per 10/5/15 report. The patient has a history of vocal cord paralysis and some hoarseness per 10/5/15 report. The patient states that her neck has been hurting and that she's been slightly depressed per 9/2/15 report. The patient is having a new pain radiating from her neck to scapula, and is approved for trigger point injections for her myofascial pain per 7/31/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: "Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPIs are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." The treater does not specifically discuss this medication. Provided progress reports are handwritten and mostly illegible. Review of provided medical records show the patient was prescribed Prevacid as early as 4/21/15 report and in subsequent reports dated 6/24/15, 7/31/15, and 9/2/15. The patient is not currently on any NSAIDs. In addition, the treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why she would need to continue on Prevacid. Given the lack of documentation as required by guidelines, the request cannot be substantiated. Hence, the request IS NOT medically necessary.

1 prescription of Valium 10 mg #30 with 3 refills: 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: Based on the 10/5/15 progress report provided by the treating physician, this patient presents with neck pain with increasing migraines, rated 10/10 without medication and 2/10 with medication. The treater has asked for 1 prescription of Valium 10 mg #30 with 3 refills on 10/5/15. The patient's diagnosis per request for authorization dated 10/2/15 is cervical degenerative disc disease. The patient is s/p 2 cervical fusions of unspecified dates (C5-6 and C6-7) per 9/2/15 report. The patient states that Valium prevents her vocal cord from spasms per

10/5/15 report. The patient has a history of vocal cord paralysis and some hoarseness per 10/5/15 report. The patient states that her neck has been hurting and that she's been slightly depressed per 9/2/15 report. The patient is having a new pain radiating from her neck to scapula, and is approved for trigger point injections for her myofascial pain per 7/31/15 report. The patient's work status is not included in the provided documentation. MTUS, 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, 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." The treater states that Valium is helpful for this patient's vocal cord spasms per requesting 10/5/15 report. This patient has been prescribed Valium since at least 4/21/15 and in subsequent reports dated 6/24/15, 7/31/15, and 9/2/15. Although there is documentation of benefit, the requesting provider has exceeded recommended duration of therapy for this class of medications. MTUS and ODG do not support chronic Benzodiazepine utilization due to the high risk of dependency and loss of efficacy. The requested 30 tablets with 3 refills, in addition to prior use, does not imply the intent to limit this medication to short-term. Therefore, the request IS NOT medically necessary.