

Case Number:	CM15-0040758		
Date Assigned:	03/10/2015	Date of Injury:	01/21/2014
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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 60-year-old female who sustained a work related injury January 21, 2014. While working on an assembly line conveyor belt, she developed pain in her left shoulder and neck. She was treated with medication, cervical MRI and later a pain management consultation. On September 19, 2014, she underwent a cervical epidural at C6-7. According to a primary treating physician's progress, notes dated January 13, 2015, injured worker presented for a pre-operative counseling session. She is scheduled to undergo an anterior cervical discectomy and fusion, C5-6 on January 22, 2015. She was provided pre-operative instructions and post-operative medications; Percocet, Valium, Zofran and Ultram, and instructed to make a follow-up appointment 10-14 days following the procedure. Diagnoses are documented as cervical disk protrusion with radiculopathy and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (chronic)' and topic 'Benzodiazepine'.

Decision rationale: Based on the 02/05/15 progress report, the patient is 2 weeks status post anterior cervical fusion, C5-6. The patient presents with improvement of her left upper extremity pain, although she continues to have weakness and dysesthesias of the left arm. The request is for VALIUM 5MG #30. The RFA provided is dated 01/27/15. Per treater report dated 02/05/15, physical examination revealed residual dysesthesias of the left hand, with mild biceps and triceps weakness of the left. Patient has a stable gait and the incision appears to be healing well. Post-operative medications include Valium, Zofran, Percocet and Ultram. The patient is temporarily totally disabled. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The MTUS Guidelines page 24 states: benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."Per operative report, the patient underwent cervical fusion C5-6 on 01/22/15. Valium was initiated per treater report dated 01/13/15, for post-operative medication. ODG guidelines recommend against the use of Valium for more than 4 weeks. In this case, the treater is prescribing this medication for post-operative care and appears to be for a short-term use. Therefore, the request for Valium 5mg #30 IS medically necessary.

Zofran 4mg #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Antiemetics (for opioid nausea).

Decision rationale: Based on the 02/05/15 progress report, the patient is 2 weeks status post anterior cervical fusion, C5-6. The patient presents with improvement of her left upper extremity pain, although she continues to have weakness and dysesthesias of the left arm. The request is for ZOFRAN 4MG #20. The RFA provided is dated 01/27/15. Per treater report dated 02/05/15, physical examination revealed residual dysesthesias of the left hand, with mild biceps and triceps weakness of the left. Patient has a stable gait and the incision appears to be healing well. Post-operative medications include Valium, Zofran, Percocet and Ultram. The patient is temporarily totally disabled. ODG Guidelines, Pain (Chronic) Chapter, under Antiemetics (for opioid nausea) states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis."Per operative report, the patient underwent cervical fusion C5-6 on 01/22/15. Zofran was initiated per treater

report dated 01/13/15, for post-operative use. ODG guidelines supports Zofran for post-operative use, therefore, the request IS medically necessary.