

Case Number:	CM15-0055377		
Date Assigned:	03/30/2015	Date of Injury:	11/12/2000
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old male sustained an industrial injury on 11/12/2000. He subsequently reported back pain. Diagnoses include lumbar radiculopathy, post lumbar laminectomy syndrome and mood disorder. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery, epidural/facet injections, chiropractic care, TENS therapy, acupuncture, Biofeedback, Psychotherapy, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates down the legs. There was objective findings of positive facet loading and tenderness to palpation of the paraspinal muscle. A request for MS Contin and Valium medications was made by the treating physician. The medications listed are Lexapro, Xanax, MS Contin, Valium, Depakote, Seroquel and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for symptomatic management be limited to short term periods. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative medications. The records indicate that the patient is utilizing multiple benzodiazepines and psychiatric medications concurrently. There is no up to date documentation of the guidelines required serial UDS, absence of aberrant behavior and functional restoration. The patient had utilized Valium, Xanax and Klonopin longer than the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Valium 10m # 84 1 Refill was not met.

Valium 10mg #84 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for symptomatic management be limited to short term periods. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative medications. The records indicate that the patient is utilizing multiple benzodiazepines and psychiatric medications concurrently. There is no up to date documentation of the guidelines required serial UDS, absence of aberrant behavior and functional restoration. The patient had utilized Valium, Xanax and Klonopin longer than the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Valium 10m # 84 1 Refill was not met.