

Case Number:	CM15-0059510		
Date Assigned:	04/06/2015	Date of Injury:	10/26/2000
Decision Date:	05/05/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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, Georgia
 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 58 year old female, who sustained an industrial injury on October 26, 2000. She has reported neck pain, back pain, hip pain and shoulder pain. Diagnoses have included left cervical facet pain, left shoulder pain, and right trochanteric bursitis. Treatment to date has included medications. A progress note dated February 24, 2015 indicates a chief complaint of neck pain, right hip pain, and left shoulder pain. The treating physician documented a plan of care that included medications and follow up in thirty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Valium 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 & 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 24.

Decision rationale: CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. 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. In this case, the claimant has been treated with Valium for longer than the recommended 4 weeks. Ongoing use of Valium is not medically necessary.

Retro Fiorinal 50/325/40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate- containing analgesic agents Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 23.

Decision rationale: CA MTUS clearly states that barbiturate containing analgesics, such as Fiorinal, are not recommended for chronic pain due to high potential for drug dependency. There is no data to suggest that the barbiturate component offers any clinically important enhancement of analgesic components of the medication. There is a risk of overuse and for rebound headaches. Fiorinal is not medically necessary.