

Case Number:	CM14-0016134		
Date Assigned:	02/21/2014	Date of Injury:	11/27/2001
Decision Date:	07/18/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 27, 2001. Thus far, the applicant has been treated with analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; sleep aids; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated January 6, 2014, the claims administrator partially certified a request for Valium, apparently for weaning purposes, denied a request for Rozerem outright, denied a request for Lidoderm patches outright, denied a urine drug screen, and denied a lumbar support. The applicant's attorney subsequently appealed. In a progress note dated December 18, 2013, the applicant presented with 6-8/10 low back and upper back pain. The applicant was apparently having a poor quality of sleep. The applicant stated that he was angry about the denial of Valium and felt that Valium was essential in relieving his muscle spasms. The applicant's medication list included Arthrotec, Prevacid, Wellbutrin, Neurontin, Valium, Lidoderm, Rozerem, Tenormin, and Norvasc. The applicant did report insomnia and sleep disturbance in a psychiatric review of systems section of the report. The applicant had a body mass index of 25, it was stated. Lumbar support was sought, to be employed when using strenuous activity. The applicant again stated that he was having difficulty sleeping owing to discontinuation of Valium. The applicant apparently complained about the denial of a gym membership. The applicant was given refills of Valium, Rozerem, Neurontin, and Lidoderm patches. The applicant was described as "not working."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Valium 10mg #60 modified to a certification of 1 prescription of Valium 10mg #21 between 12/18/13 and 3/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, page 24 Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic benzodiazepine usage is the treatment of choice in very few conditions. Most guidelines limit usage of benzodiazepines to four weeks, the MTUS further notes. In this case, the attending provider has posited that he intends the applicant to use Valium chronically, as an antispasmodic. This is not a use for which chronic usage of Valium is supported, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

1 prescription of Rozarem 8mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment topic, Melatonin Receptor Agonist.

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter Insomnia Treatment topic, Rozerem is a selective melatonin agonist indicated for difficulty with sleep onset. Rozerem, per ODG, is supported for both short and long-term use purposes for insomnia/difficulty initiating sleep. In this case, the applicant has, in fact, posited that he is having ongoing difficulty initiating sleep, particularly following cessation of Valium. Therefore, the request for Rozerem is medically necessary.

1 prescription of Lidoderm 5% patch #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Topical Lidocaine, page 112 Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or

neuropathic pain in applicants in whom there has been trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches in question. Therefore, the request is not medically necessary.

1 lumbar support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is, quite clearly, outside of the acute phase of symptom relief following an industrial injury of November 27, 2001. In this case, the attending provider did not proffer any applicant-specific information, narrative, rationale, commentary, or medical evidence which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.