

Case Number:	CM14-0082375		
Date Assigned:	07/23/2014	Date of Injury:	11/30/2010
Decision Date:	12/12/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 patient is a 30 year old female who was injured on 11/30/2010. The mechanism of injury is unknown. The patient underwent a partial corpectomy of L5, partial corpectomy of S1; anterior lumbar interbody fusion at L5-S1; insertion of interbody cage L5-S1; allograft bone; anterior lumbar plating L5-S1 and image intensification on 01/22/2013. He also underwent a lumbar trans laminar epidural steroid injection at L5-S1 and lumbar epidurogram on 03/24/2014. Urine toxicology screening dated 08/26/2013 revealed evidence of Valium in the urine as would be anticipated with prescribed regimen. Progress report dated 02/05/2014 states the patient presented with complaints of persistent and worsening pain. She has low back pain with left lower extremity radicular patterns. She rated her neck pain as an 8/10 radiating into the arms. She reported persistent headaches as well. Objective findings on exam revealed mild weakness and numbness on the left L5 and S1 as well as right C5. She has difficulty heel-toe walking bilaterally. There is mild lumbar tenderness. Cervical spine range of motion is decreased by 25%. The lumbosacral spine range of motion is decreased about 20%. The patient is diagnosed with HNP L5/S1 status post ALDF L5/S1; left lower extremity radiculopathy and HNP at C4/C5. The patient's medications were refilled. On note dated 03/19/2014, the patient's symptoms are unchanged. On exam, the cervical spine range of motion is decreased by 20%; Lumbar spine range of motion is decreased by 20%. The remaining exam is essentially the same as noted dated above. Prior utilization review dated 05/07/2014 states the request for Valium 5gm #90 and Urine Drug Screen is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5gm #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back, Benzodiazepines

Decision rationale: According to MTUS guidelines, Benzodiazepines are "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." In this case Valium is prescribed on a long-term basis for a 30-year-old female injured on 11/30/10 with chronic neck and low back pain status lumbar fusion on 1/22/13. However, long-term use of Benzodiazepines is not recommended. History and physical examination findings do not support an exception to this guideline recommendation. Clinically significant functional improvement, pain reduction, improved quality of life, or reduction in dependency on medical care is not demonstrated from use of Valium. Medical necessity is not established.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Practical Pain Management May/June 2006; pages 72-73

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT)

Decision rationale: According to MTUS and ODG guidelines, urine drug testing is recommended to assess for illicit drug use and prescription medicine adherence. Urine drug testing is recommended for patients taking Opioids with frequency of testing dependent upon risk of abuse or aberrant behavior. ODG guidelines recommend patients at "moderate risk" of addiction/aberrant behavior be screened 2-3 times per year. This is a request for a urine drug screen for a 30-year-old female injured on 11/30/10 with chronic neck and low back pain status lumbar fusion on 1/22/13. She is diagnosed with anxiety and panic attacks, which places her in the "moderate risk" category. Drug screens were performed in August and November of 2013. Drug screens were requested in February and April of 2014. The February request does not appear to have been completed. Medical necessity is established for urine drug screen.

Acupuncture trial 2 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery..." Time to produce functional improvement is 3 to 6 treatments. Acupuncture treatment may be extended if functional improvement is documented. In this case, a request is made for 8 visits of acupuncture. While an acupuncture trial appears appropriate and does not appear to have been tried in the past, the number of requested visits exceeds guideline recommendations for an initial trial of 3 to 6 visits. 8 visits are not medically necessary.