MAXIMUS Federal Services

| Case Number: | CM14-0094703 | | |
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| Date Assigned: | 07/25/2014 | Date of Injury: | 09/05/2001 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

## 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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 63-year-old male with a stated date of injury of September 5 of 2001. His diagnoses include lumbar disc herniation, thoracic disc herniation, facet mediated low back pain, osteoporosis, T6 hemangioma, unstable angina, coronary artery disease, type II diabetes, and hypogonadism. He complains of ongoing severe low back pain radiating to the lower extremities and numbness in the bilateral upper extremities. The physical exam has been remarkable for diminished L4 and L5 dermatome sensation bilaterally, tenderness to palpation of the L3-S1 facet capsules, a positive Patrick's maneuver, and 5/5 strengthen the lower extremities. It is noted that the injured worker has been using Norco and Valium for pain control. There is no mention of Valium usage for any psychiatric indications. The injured worker is also taking full strength aspirin on a daily basis presumably for coronary artery disease.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Diazepam/Valium

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Benzodiazepines.

**Decision rationale:** Benzodiazepines, like Valium, are not recommended for long-term use 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. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety.In this instance, Valium appears to be used chronically for pain control and therefore under the guidelines is not medically necessary. The treating physician should consult appropriate guidelines for weaning or consult an addiction professional. Therefore, the request of Valium 10mg #60 is not medically necessary and appropriate.

**Dexllant 60mg #30 with 2-4 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Proton Pump Inhibitors

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors.Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. When major risk factors for coronary artery disease are present (recent MI, or coronary artery surgery, including recent stent placement) and if NSAID therapy is necessary, the suggested treatment is Naproxyn plus low-dose aspirin plus a PPI.In this situation, the only NSAID the injured worker appears to be taking his full strength aspirin. He is not taking other NSAIDs and appears to have no risk factors for gastrointestinal events otherwise. While it may be reasonable to prescribe a proton pump inhibitor in the context of full strength aspirin therapy, there is no indication that the injured worker's coronary artery disease is at all industrially related. Therefore, Dexilant is not medically necessary under the guidelines. Again, the use of a proton pump inhibitor such as Dexilant may be medically reasonable but not in the context of this work-related injury. Therefore, the request for Dexllant 60mg #30 with 2-4 refills is not medically necessary and appropriate.