

Case Number:	CM14-0099184		
Date Assigned:	07/28/2014	Date of Injury:	12/04/2001
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 38-year-old female who reported an injury on 02/04/2001. The mechanism of injury was noted to be a fall. Her diagnoses included lumbago, sacroiliac joint pain, myofascial pain, lumbar spondylosis, depression, anxiety, chronic pain syndrome, opioid dependence, bipolar disease, and insomnia without sleep apnea. Her past treatments have included physical therapy, medications, facet rhizotomies, bilateral sacroiliac joint injections, and pain psychology. She has also been using the requested medications since at least 10/21/2013. On 04/07/2014, the injured worker presented for chronic opioid management and reported a pain rating of 4/10. It was noted that use of her medications decreased her pain, increased her ability to sleep, and increased her ability to perform her activities of daily living and home exercise program. Her medications were noted to include Dilaudid, Oxycodone, Geodon, Cymbalta, Senna, Colace, Pennsaid solution, Diazepam, and Baclofen. The treatment plan included continued use of her medications. A specific rationale for the requested continuation of diazepam and baclofen was not specifically stated. The Request for Authorization form was submitted on 05/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #90, Refills x5: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use as long-term efficacy is unproven and there is a significant risk of dependence. The guidelines specify that use should be limited to 4 weeks. The clinical information submitted for review indicated that the injured worker had been utilizing this medication since at least 10/2013, far exceeding the maximum 4 weeks of use recommended by the guidelines. Therefore, continued use is not supported. In addition, the request failed to provide a frequency. For the reasons noted above, the request is not medically necessary.

Baclofen 20mg #120, Refills x5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to the California MTUS Guidelines, Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The clinical information submitted for review indicated that the injured worker has been utilizing Baclofen since at least 10/2013. The 04/07/2014 note indicated that her pain was rated 4/10 and she reported benefit from her current medication regimen. However, a detailed pain assessment was not included to indicate her pain level without medication use to compare with her pain level on medications. In addition, there was no documentation indicating that she had muscle spasm on physical examination or subjective complaints of significant spasm. Therefore, continued use of baclofen is not supported. In addition, the request failed to provide a frequency. As such, the request is not medically necessary.