MAXIMUS Federal Services

Case Number:	CM15-0118607		
Date Assigned:	06/26/2015	Date of Injury:	11/24/2012
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 patient who sustained an industrial injury on 11/24/2012. The employee was working regular duty as a nurse when she sustained injury at work while twisting and lifting a patient. She has had two previous back surgeries. On 11/08/2013 the patient underwent surgical procedure to include: re-exploration of previous surgical site L5-S1; evacuation of seroma; left L5-S1 laminotomy; left L5-S1 foraminotomy; placement of subfascial hemovacutainer drain; placement of an allograft scar barrier. A pain management follow up dated 01/28/2014 reported the patient finally stated some improvement in right lower extremity symptom. However, she has continued severe left lower extremity pain in the posterior aspect from the low back buttocks radiating into posterior calf. She continues with complaint of having difficulty sleeping due to the pain along with stress and anxiety surrounding the entire situation. She is currently using Norco approximately twice daily; anti-inflammatory and neuropathic medication and is not currently taking Soma. The impression found the patient prescribed discontinuing Gabapentin to decide if there is true side effect of visual hallucinations. She will begin Elavil 25mg at bed time, continue with Lyrica, and Norco as prior. She is instructed to drink tonic water with quinine at night to help with the cramps and restless leg sensations. There is recommendation for her to receive a selective nerve root injection and undergo electromyogram nerve conduction study of lower extremities. On 02/21/2014 she did undergo nerve conduction study which showed spontaneous activities in paraspinal muscles which are expected after spinal surgery and also may be seen in patient with radiculopathy; therefore it is difficult to discern if the results indicate axonal degeneration of aftereffects of

back surgery. The radiologist suggested of obtaining a magnetic resonance image study. The treating diagnoses were: status post work related injury; status post L5-S1 microdiscectomy and bilateral foraminotomies with ongoing symptom and equivocal electromyogram study findings. A magnetic resonance imaging study done on 03/17/2014 revealed L5-S1 moderate facet arthrosis causing moderate bilateral neural foraminal stenosis. There are stable changes of right microhemilaminotomy and near complete resolution of the large fluid collection or pseudo-menigocele extending from the laminectomy site, and L2-3, and L4-5 stable minimal disc bulges with central annular fissures. A more recent primary treating follow up visit dated 02/25/2015 reported the patient not currently working with the last day of work on 05/25/2013. Current medications are: Norco 10/325mg two daily, Flexeril, Gabapentin, and Meloxicam. She had present subjective complaint of having neck, back, bilateral hip, bilateral knee/ankles, and bilateral feet pain. She was diagnosed with the following: history of L5-s1 decompression with possible postoperative cauda equine syndrome; history of re-exploration of surgical site and evacuation of seroma; psychological diagnosis, depression, and urinary incontinence. The plan of care noted the patient with both urological and psychological consultation. She is temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Alprazolam 0.5 mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Alprazolam 0.5mg #60 is not medically necessary.

Temazepam 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Valium 10 mg qhs on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Temazepam 30mg at bedtime on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Temazepam 30mg #30 is not medically necessary.