MAXIMUS Federal Services

Case Number:	CM15-0129499		
Date Assigned:	08/11/2015	Date of Injury:	02/14/2003
Decision Date:	09/29/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on February 14, 2003. Several documents are included in the submitted medical records are difficult to decipher. She reported severe neck pain. The injured worker was diagnosed as having cervical spine status post anterior cervical discectomy and fusion from cervical 5-6 and cervical 6-7 with left cervical 6 radiculopathy, lumbar spine sprain-strain, bilateral shoulder sprain-strain, and symptoms of anxiety and depression. Diagnostic studies to date have included: On March 11, 2015, an MRI of the cervical spine revealed grossly stable cervical 5-7 anterior plate and screw fixation, preserved disc spaces and vertebral body heights, normal cord signal, and no central canal narrowing. On April 23, 2015, a CT scan of the cervical spine revealed no acute fracture or focal alignment abnormality. There was loss of normal lordotic curvature of the cervical spine which may have been positional or due to muscle spasm. There were mild degenerative changes with disc space narrowing at cervical 4-5. Treatment to date has included chiropractic therapy, physical therapy, acupuncture, biofeedback treatment, pain injections, work modifications, ice, temporary total disability, trigger point injections, cervical epidural steroid injections, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including oral short-acting and long-acting analgesic, topical opioid analgesic, topical non-opioid analgesic, anti-anxiety, anti-epilepsy, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: as a 16 year old and in 2002. Comorbid diagnoses included history of fibromyalgia and chronic pain. On June 2, 2015, the injured worker reported ongoing neck pain, worse on the right than the left side. She reported constant, aching, burning pain of the right shoulder and back of the right arm with right hand

numbness. She reported constant low back pain that radiated with burning to the right thigh. Her pain medications help her to do more than just ambulate around her house. She is not working currently. The physical exam revealed spam and tenderness of the right paracervical spine and right trapezius, negative Spurling's and Hoffman's of the bilateral upper extremities, decreased sensation to light touch of the right upper arm and dorsal right forearm, and decreased deep tendon and normal strength of the bilateral upper extremities. There was tenderness to palpation and spasm of the bilateral lower lumbar spine, negative bilateral straight leg raise, a positive right Lasegue's at 60 degrees, normal deep tendon reflexes and muscle strength of the bilateral lower extremities, and decreased sensation of the anterior and lateral right thigh and lateral right calf. Requested treatments include: Valium and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vallium 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents with neck, right shoulder, back of the right arm pain with numbness, low back pain radiating to the right thigh. The current request is for Valium 10mg #90. The treating physician's report dated 06/02/2015 (519B) states, "Taking pain medications daily. When she does not take the medications, she indicated that she is unable to do more than just ambulate around the house. Norco has been denied, valium has been certified." The MTUS guidelines page 24 on benzodiazepines states, "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." Medical records show that the patient was prescribed Valium prior to 05/05/2015. The UR letter dated 06/22/2015 modified the request to Valium 10mg #80. None of the reports document medication efficacy as it relates to the use of Valium. Furthermore, long- term use of Valium is not supported by the MTUS Guidelines. The current request is not medically necessary.

One pain management consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines page 127.

Decision rationale: The patient presents with neck, right shoulder, back of the right arm pain with numbness, low back pain radiating to the right thigh. The current request is for 1 pain management consult. The treating physician's report dated 06/02/2015 states, "Pain management consult for evaluation and treatment to wean from long term narcotic use. Kindly authorize a pain management consultation within the MPN to assist with weaning off of the narcotic pain medications which she has taken for many years." The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or

extremely complex, when psychosocial factors are present or when the pain and course of care my benefit from additional expertise. In this case, the physician would like to seek the expertise of a specialist to properly wean the patient off long-term pain medication and the requested 1 pain management consult is within guidelines. The current request is medically necessary.