

Case Number:	CM15-0178248		
Date Assigned:	09/18/2015	Date of Injury:	09/15/2005
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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

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:

This is a 54 year old female with a date of injury of September 15, 2005. A review of the medical records indicates that the injured worker is undergoing treatment for pain of the shoulder joint and cervicgia. Medical records dated May 20, 2015 indicate that the injured worker complains of continued pain in the right shoulder rated at a level of 2 out of 10 with medications and 8 out of 10 without medications. Records also indicate that medications allow the injured worker to do more things. A progress note dated July 22, 2015 notes subjective complaints of continued pain in the neck and shoulders, with pain rated at a level of 4 out of 10 with medications and 8 out of 10 without medications. The record also indicates that the injured worker was able to care for herself and her household with the use of medications. Per the treating physician (July 22, 2015), the employee was unable to work. The physical exam dated May 20, 2015 reveals tenderness of the cervical spine, decreased range of motion of the cervical spine (measurements not documented), decreased range of motion of the right shoulder (measurements not documented), tenderness of the lumbar spine, tenderness of the lumbar facet joint, and decreased range of motion of the lumbar spine (measurements not documented). The progress note dated July 22, 2015 documented a physical examination that showed tenderness of the cervical spine, decreased range of motion of the cervical spine (measurements not documented), decreased range of motion of the right shoulder (measurements not documented), tenderness of the subacromial space and pain with resisted abduction, atrophy of the shoulder, tenderness of the lumbar spine, tenderness of the lumbar facet joint, and decreased range of motion of the lumbar spine (measurements not documented). Treatment has included at least

twelve sessions of physical therapy and medications (Valium 10mg one tablet at bedtime since at least June of 2015, Norco 10-325mg one tablet every four hours as needed, Oxycodone 30mg one tablet every four hours as needed, and Phenergan 25mg one tablet every six hours since at least February of 2015; Robaxin 750mg two tablets twice a day since at least June of 2015). A urine drug screen collected on June 19, 2015 showed positive results for benzodiazepine and opiates. The original utilization review (August 11, 2015) non-certified a request for Robaxin 750mg #120 and Valium 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2005 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Robaxin 750 mg, 120 count is not medically necessary and appropriate.

Valium 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Valium (Diazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures,

akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury. Per the Chronic Pain Treatment 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear specific functional benefit of treatment already rendered, as the patient remains not working. The Valium 10 mg, thirty count is not medically necessary and appropriate.