

Case Number:	CM15-0063138		
Date Assigned:	04/09/2015	Date of Injury:	12/09/1994
Decision Date:	12/03/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/02/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 52 year old female, who sustained an industrial injury, December 9, 1994. The injured worker was undergoing treatment for sacroiliac spine strain, cervical degenerative disc disease, lumbar degenerative disc disease, lumbar facet arthropathy, cervicgia, headache syndrome, lumbar disc disease, depression, anxiety, lumbar fusion and sciatica. According to progress note of February 17, 2015, the injured worker's chief complaint was pain rated at 8 out of 10. The injured worker returned due to withdrawal symptoms, as well as depression. The injured worker had run out of the Librium and Cymbalta, two days prior to this visit. The Cymbalta dose had been reduced from 120mg to 60mg. The MS Contin ER was reduced from 160mg to 120mg daily. The injured worker was having difficulty with weaning down on the MS Contin ER. The injured worker reported the Valium was assisting with the withdrawal symptoms. The physical exam noted significant loss of bladder control with withdrawal symptoms. The Librium in conjunction with Cymbalta assisted with the chronic pain. The injured worker previously received the following treatments cervical epidural steroid injections, Cymbalta, Valium, MS Contin, MS Contin IR, Librium, Amitriptyline and psychological services which the injured worker reported very helpful. The RFA (request for authorization) dated February 19, 2015; the following treatments were requested prescriptions for MS Contin ER 30mg #90, MS Contin IR 15mg #90, Cymbalta 60mg capsules #30, Cymbalta 30mg capsules #30, Librium 10mg #90, Amitriptyline 150mg #30 and Valium 10mg #90. The UR (utilization review board) denied certification on March 11, 2015; for prescriptions for MS Contin ER 30mg #90, MS Contin IR 15mg #90, Cymbalta 60mg capsules #30, Cymbalta 30mg capsules #30, Librium 10mg #90, Amitriptyline 150mg #30 and Valium 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, criteria for use, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on December 9, 1994. The injured worker was undergoing treatment for sacroiliac spine strain, cervical degenerative disc disease, lumbar degenerative disc disease, lumbar facet arthropathy, cervicgia, headache syndrome, lumbar disc disease, depression, anxiety, lumbar fusion and sciatica. Treatments have included cervical epidural steroid injections, Cymbalta, Valium, MS Contin, MS Contin IR, Librium, Amitriptyline and psychological services. The medical records provided for review do not indicate a medical necessity for MS Contin ER 30mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker is not properly monitored for pain control, activities of daily living, and aberrant behavior. Also, the injured worker is on severe sedating medications that could increase the adverse effects of this medication.

Valium 10mg #90: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on December 9, 1994. The injured worker was undergoing treatment for sacroiliac spine strain, cervical degenerative disc disease, lumbar degenerative disc disease, lumbar facet arthropathy, cervicgia, headache syndrome, lumbar disc disease, depression, anxiety, lumbar fusion and sciatica. Treatments have included cervical epidural steroid injections, Cymbalta, Valium, MS Contin, MS Contin IR, Librium, Amitriptyline and psychological services. The medical records provided for review do not indicate a medical necessity for Valium 10mg #90. Valium (Diazepine) is a benzodiazepine sedative hypnotic. The MTUS recommends against the use of the benzodiazepines for longer than 4 weeks due to lack of efficacy and dependency.