

Case Number:	CM15-0067655		
Date Assigned:	04/15/2015	Date of Injury:	09/12/2001
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old female who sustained an industrial injury on 9/12/2001. Her diagnoses include: cervical sprain/strain syndrome with degenerative disc disease, multiple disc herniations/bulges and cervical radiculopathy, and depression with anxiety. No current magnetic resonance imaging studies are noted. Her treatments have included effective cervical epidural steroid injections which reduced her pain by 60-70% and helped her get through the year; and medication management. The progress notes of 3/4/2015 noted complaints of neck pain that radiates into her left shoulder, with headaches, dizziness, loss of memory and difficulty concentrating due to neck pain. Also noted was a significant amount of pain and stiffness of the cervical and lumbar spine, and upper and lower extremities. The physician's requests for treatments were noted to include Valium and Prilosec. The medications listed are Percocet, Soma, Ativan, Prilosec, Valium and topical formulations containing Tramadol, Flexeril, Amitriptyline, gabapentin and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines be limited to short term periods for the treatment of anxiety. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple sedative medications concurrently. There is documentation of adverse effects including dizziness, memory loss and difficulty with concentration. The patient is utilizing topical formulations of multiple sedative medications that may be contributing to these adverse effects. The duration of use of the Valium had exceeded the maximum period of 4 to 6 weeks recommended by the guidelines. The guidelines recommend that oral formulations of anticonvulsants and antidepressants with analgesic, anxiolytic and mood stabilizing effects be utilized as first line medications for chronic pain patients with psychosomatic symptoms. The criteria for the use of Valium 10mg #60 were not met.

Prilosec 40mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patients with a significant history of gastrointestinal disease. The records did not show a history of significant gastric disease. There is no documentation indicating that the patient is currently utilizing oral formulations of NSAIDs. The criteria for the use of Prilosec 40mg #30 were not met.