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| Case Number: | CM15-0072275 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 02/13/2006 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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: Emergency 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 is a 51-year-old male patient who sustained an industrial injury on 02/13/2006. His injury is attributed to repetitive motions involving the neck and back. The accident was described as onset of a significant loss of lower extremity functions with resulting mechanical ground level fall and was found to have a cervical myelopathy with disc protrusions and cord compression. Subsequently, 02/15/2006 he underwent cervical fusion and decompression. Thereafter, he developed weakness of the right deltoid and underwent further procedure on 09/23/2006. Diagnostic testing to include: electric nerve conduction study of the lower extremities, radiography study, and magnetic resonance imaging study. A pain management follow up visit dated 07/05/2012 reported the patient with current subjective complaint of low back pain, neck pain, and neuropathy in bilateral feet. He is still attending pool therapy and stated it has been a great help in improving his strength, gait and balance. He used to have to rely on two crutches to ambulate, but most days he is able to ambulate with one. He falls much less often. In addition, he stated having increased anxiety and current medications consist of: Cymbalta, Alprazolam, OxyContin, Gabapentin, and Tizanidine. The medications do improve his symptoms, and along with water therapy, he is able to have production functional activity. He is requesting a new set of crutches. The patient is diagnosed with status post cervical fusion with myelopathy. The plan of care involved: prescribing new crutches, continuing with current medications, and was given samples of Cymbalta to add on to the already 60mg. He is to follow up in 30 days. On 02/04/2013, he was with subjective complaint of low back pain, bilateral leg pain, neck pain, left shoulder pain, and with multiple falls. He reports the water therapy helping

decrease pain, decrease frequency of falls along with increasing strength and flexibility. Objective findings showed him with decreased motor strength of bilateral lower extremities. Headaches were added to the treating diagnoses. The doctor continues with recommendation for additional aquatic therapy sessions. A much more recent follow up visit dated 03/18/2015 reported the patient using current medications: Cymbalta, Gabapentin, Lunesta, Lyrica, Norco, Dilaudid, and Diazepam. His chief complaints are of neck pain, lower back pain, bilateral leg pain and history of 10 falls since last visit. He states he has been experiencing a vibrating sensation down the entire length of his spine and at times it is so intense that he finds it difficult concentrating. He states the Dilaudid not offering a long enough affect. Of note, surgical consultation had recommended further surgical intervention without given approval. He is requesting another injection for the pain. He has gained months of reduced pain from past injection. He was diagnosed with post cervical decompression, pending surgery for C6-7 fusion, and peripheral neuropathy. The plan of care involved: recommending administration of epidural injection, obtain a second option, and aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are only recommended for short-term use due to high tolerance and side effects. Patient has been on diazepam chronically. Prescription is not consistent with plan for weaning or short-term use. Chronic use of Diazepam is not recommended. Therefore, the request is not medically necessary.