

Case Number:	CM15-0073717		
Date Assigned:	04/23/2015	Date of Injury:	03/30/2010
Decision Date:	05/21/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40-year-old female, who sustained an industrial/work injury on 3/30/10. She reported initial complaints of headaches from blunt head trauma. The injured worker was diagnosed as having traumatic brain injury, cervicgia, lumbago, and headache. Treatment to date has included medication, home exercise program, and neuropsychology. Currently, the injured worker complains of headaches that are chronic and severe in nature. The headache pain can be severe to make her vomit with periods of syncope and aggravated by light and noise. Per the secondary physician's progress report (PR-2) on 2/19/15, pain is described as 'shooting pain' and rated 0/10 with medication and 10/10 without. Examination revealed 2+ reflexes, tenderness to palpation to the cervical paraspinals, normal motor and sensory exam. The requested treatments include Valium and Cambia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Valium 10mg #60 x 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations and using this medication long term. The request for Valium is not medically necessary.

Cambia 50mg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Combination (NSAID/GI protectant) Page(s): 70-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac.

Decision rationale: Cambia 50mg #4 is not medically necessary per the MTUS Guidelines and the ODG. Cambia is Diclofenac. The MTUS states that Diclofenac is an NSAID. The ODG states that Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. The guidelines do not recommend this as first line NSAID due to the increased side effects therefore this request is not medically necessary.