

Case Number:	CM14-0141621		
Date Assigned:	09/10/2014	Date of Injury:	09/23/2010
Decision Date:	10/20/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old female injured on 09/23/10 while attempting to secure a student in a chair resulting in blunt trauma to the face. The injured worker was initially treated conservatively with rest, medication management, and physical therapy. The injured worker was diagnosed with whiplash type injury and cervical spine strain. A prior utilization review indicated the injured worker had significant psychological issues with physical manifestations including chronic pain, depression, abdominal discomfort, diarrhea, and psoriasis. Due to the injured worker's underlying psychological issues, the injured worker required ongoing treatment with Valium and Ambien for anxiety and insomnia. The injured worker was continued on Valium and Ambien as of 07/02/14 pending psychiatric evaluation. The initial request was non-certified on 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG, # 60 X 2 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Due to the injured worker's underlying psychological issues, the injured worker required ongoing treatment with Valium and Ambien for anxiety and insomnia. The injured worker was continued on Valium and Ambien as of 07/02/14 pending psychiatric evaluation. Abrupt cessation can be harmful to the injured worker's health. Pending psychiatric evaluation, the request for Valium 5mg, # 60 x 2 refills is recommended as medically necessary.

NEXIUM 20MG, #30 X 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Nexium 20MG, #30 X 2 cannot be established as medically necessary.