

Case Number:	CM14-0143594		
Date Assigned:	09/12/2014	Date of Injury:	02/22/2006
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 22, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier multilevel lumbar laminectomy surgery in 2006; muscle relaxants; anxiolytic medications; and psychological counseling. In a Utilization Review Report dated August 19, 2014, the claims administrator approved a request for Gabapentin, Senna, and Colace while reportedly denying Diazepam and Omeprazole. The applicant's attorney subsequently appealed. In an August 11, 2014 progress note, the applicant reported persistent complaints of 9/10 multifocal neck, back, and bilateral lower extremity pain. The applicant reported that her pain and depression were getting worse. The applicant had received 12 to 14 sessions of aquatic therapy. The applicant also posited that she needed transportation to attend her functional restoration program. The applicant's complete medication list reportedly included Neurontin, Senna, Colace, Lidoderm, Valium, Flexeril, Norco, Prilosec, Naproxen, extra strength Vicodin, and Desyrel. The applicant had undergone spine surgery in 2006. The applicant's BMI was 27. Multiple medications were refilled, including the Valium and Omeprazole in question. The applicant was given a rather proscriptive 5-pound lifting limitation, which the applicant's employer was apparently unable to accommodate as it was stated in another section of the report that the applicant was "not currently employed." There was no mention of any issues with reflux, heartburn, or dyspepsia in the review of systems section of the note. In a June 16, 2014 progress note, the applicant apparently presented with persistent complaints of 9/10 low back pain. The applicant reportedly presented to obtain medications refills. Multiple medications were renewed, including a 30-tablet supply of Valium (Diazepam) and a 60-capsule supply of Omeprazole. Once again, there was no explicit mention

or discussion of issues with reflux, heartburn, or dyspepsia, either in the body of the report or in the review of systems section of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding PPIs (proton.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file made no explicit mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would compel provision of the same. Therefore, the request is not medically necessary.

Diazepam 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain: Benzodiaepines. Decision based on Non-MTUS Citation ODG Pain Chapter; regarding Benzodiazepines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that usage of anxiolytics such as Diazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the attending provider and/or applicant are intent on using Diazepam (Valium) for chronic, long-term, and scheduled use purposes, for sedative effect and depression. This is not an ACOEM-endorsed role for Diazepam. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.