

<b>Case Number:</b>	CM13-0038361		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

CA MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. They also note that most guidelines limit use to 4 weeks and amore appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, it appears that the medication is being utilized long-term and there is no clear documentation of objective functional improvement or rationale for its use despite the recommendations of the CA MTUS. In light of the above issues, the currently requested Valium is not medically necessary

### IMR ISSUES, DECISIONS AND RATIONALES

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

**gel collar and neck pillow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Pillows.

**Decision rationale:** California MTUS supports the use of cervical collars only for comfort in the first few days of the clinical course in severe cases. ODG supports cervical pillows only in conjunction with daily exercise. Within the documentation available for review, there is no documentation of a severe case of acute cervical pain and/or an indication that the patient is actively participating in daily exercise. In light of the above issues, the currently requested collar gel and neck pillow is not medically necessary.

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** California MTUS supports TENS only after a one-month trial period of TENS with documentation of how often the unit was used, outcomes in terms of pain relief and function, other ongoing pain treatment during the trial period including medication usage, and when a treatment plan including the specific short- and long-term goals of treatment with the TENS unit has been submitted. Within the documentation available for review, there is no documentation of a successful TENS trial and, unfortunately, there is no provision for modification of the request to a trial. In light of the above issues, the currently requested TENS unit is not medically necessary.

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Flexeril. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**Tramadol ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the tramadol ER is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued, but the documentation suggests that the patient is also utilizing the short-acting opioid Norco. In the absence of such documentation, the currently requested tramadol ER is not medically necessary

**fluoroscopy of the neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Videofluoroscopy.

**Decision rationale:** California MTUS supports studies in the presence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. Specific to videofluoroscopy, ODG cites that it is of little use for diagnosing spinal pain syndromes. Within the documentation available for review, there is no documentation of a clear indication for imaging in general in the absence of any red flags, recent trauma, or any specific neurologic deficits. Specific to fluoroscopy, there is no clear rationale for its use in the evaluation of the patient's cited condition. In light of the above issues, the currently requested fluoroscopy of the neck is not medically necessary.

**Valium 10mg #60:** 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:** CA MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. They also note that most guidelines limit use to 4 weeks and amore appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, it appears that the medication is being utilized long-term and there is no

clear documentation of objective functional improvement or rationale for its use despite the recommendations of the CA MTUS. In light of the above issues, the currently requested Valium is not medically necessary