MAXIMUS Federal Services

| Case Number: | CM13-0043970 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/26/1999 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

## 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 Physical Medicine and 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 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:

This is a male patient with the date of injury of March 26, 1999. A utilization review determination dated October 22, 2013 recommends non-certification of Valium 10mg (#90) and Voltaren gel 1%. The previous reviewing physician recommended non-certification of Valium 10mg (#90) due to lack of support for the long term use of benzodiazepines and non-certification of Voltaren gel 1% due to no support for the use of treatment of spine, hip or shoulder. A Progress Note dated October 9, 2013 identifies Subjective Complaints of having a lot of pain. He has pain in the low back and it radiates around to the groin area and down both legs. Physical examination identifies tenderness at lower back and more on right. Forward flex 60 degrees with minimal extension. Pain more on extension to less than 5 degrees. Motor right leg 4/5. SLR right leg positive. Diagnoses/Assessment identifies shoulder joint pain, hip joint pain, lower leg pain, lumbar DDD, lumbar facet arthropathy, postlaminectomy syndrome, and lumbar spinal stenosis. Treatment plan identifies Valium Oral Tablet 10 mg take 1 tablet three times a day (tid) for 30 days and Voltaren External Gel 1% apply 1 application twice a day (bid) as needed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 10MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);CHRONIC PAIN CHAPTER,BENZODIAZEPINES.

**Decision rationale:** Regarding the request for Valium, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, there are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Valium. Finally, there is no indication that the Valium is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Valium is not medically necessary.

**VOLTAREN GEL 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.