

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0048080 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 02/14/2009 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 10/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2013 |

### 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 Interventional Spine, 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 patient is a 35-year-old female with date of injury of 2/14/09. Per the treating physician's report dated 10/1/13, the patient presents with back pain that fluctuates, but occurs persistently, located in the back, arms, legs, neck, and thighs. The pain radiates into the left ankle, right ankle, left arm, right arm, left calf, right calf, and bilateral feet and thighs. The listed current medications include Valium, diazepam, morphine sulfate, Celebrex, baclofen compounded topical cream, Kadian 80 and 60 mg, Gabapentin, fish oil, Diflucan, multivitamins, loratadine, insulin, Provigil, Cymbalta, Abilify, Levothyroxine, alpha-lipoic acid, Implanon, and Klonopin. The listed assessments include degenerative disk disease of the lumbar spine, muscle spasms, post laminectomy syndrome at the lumbar region, myalgia/myositis, chronic pain due to trauma, COAT, and spinal fusion. Under quality of life scale, with medications, the patient is able to do simple chores around the house and do minimal activities outside of the home twice a week. Without medications, the patient spends six out of seven days in bed, feeling hopeless about life.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 5MG#30:** Upheld

**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 Page(s): 24.

**Decision rationale:** This patient presents with chronic low back pain with a history of lumbar fusion and laminectomy. Review of the treating physician's report shows that the patient had widespread pain in the neck, low back, and the upper and lower extremities. Review of the reports by the treating physician show that Valium has been prescribed on monthly basis. MTUS guidelines do not support long-term use of benzodiazepines. If they are to be used, only short-term use is recommended due to the addictive potential. In this case, these medications have been prescribed on a monthly basis for the long term. Given the lack of support from MTUS Guidelines, the request is noncertified.

**VALIUM 10MG #30:** Upheld

**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 Page(s): 24.

**Decision rationale:** This patient presents with chronic low back pain with a history of lumbar fusion and laminectomy. Review of the treating physician's report shows that the patient had widespread pain in the neck, low back, and the upper and lower extremities. Review of the reports by the treating physician show that Valium has been prescribed on monthly basis. MTUS guidelines do not support long-term use of benzodiazepines. If they are to be used, only short-term use is recommended due to the addictive potential. In this case, these medications have been prescribed on a monthly basis for the long term. Given the lack of support from MTUS Guidelines, the request is noncertified

**COMPOUNDED MEDICATION; KCT/CYC/DIC/GAB/ORP/TET(KCDGOT) 240GM #1:** Upheld

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

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

**Decision rationale:** This patient presents with chronic neck, low back, upper extremity, and lower extremity pain. The patient has had multiple lumbar surgeries, including spinal fusion. There is a prescription for a compounded cream. The MTUS guidelines state that if any one of the components of a compounded medication are denied, then the entire compound is not recommended. In this case, cyclobenzaprine and gabapentin are not recommended for topical formulation per the MTUS. As such, the request is noncertified.