

<b>Case Number:</b>	CM13-0065338		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 60-year-old male with an 8/6/13 date of injury. At the time of request for authorization for Strazepam #90, DOS 10/23/2013 and Theraproxen #120, DOS 10/23/2013, there is documentation of subjective findings of left foot, left ankle, and low back pain and objective findings of decreased lumbar spine range of motion, paravertebral guarding and tenderness, positive straight leg raise, decreased left ankle range of motion, and lateral tenderness over the left ankle. The current diagnoses are status post fracture left ankle and low back pain with possible left lower extremity radiculopathy. The treatment to date is medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**STRAZEPAM #90:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit

use to 4 weeks. The California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post fracture left ankle and low back pain with possible left lower extremity radiculopathy. However, there is no documentation of the intention to treat over a short course. Therefore, based on guidelines and a review of the evidence, the request for Strazepam #90, DOS 10/23/2013 is not medically necessary.

**THERAPROXEN #120:** 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), Pain, Theramine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Theramine and PTL Central Website.

**Decision rationale:** An online source identifies Theraproxen as a medical food containing Theramine and Naproxen. The California MTUS does not address the issue. ODG identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theraproxen #120, DOS 10/23/2013 is not medically necessary.