

Case Number:	CM13-0065851		
Date Assigned:	01/03/2014	Date of Injury:	07/07/2002
Decision Date:	05/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	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 Physical Medicine & 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:

The patient is a 59 year old female with date of injury 7/7/02. The treating physician report dated 10/28/13 indicates that the patient presents with left low back pain and lower extremity Final Determination Letter for IMR Case Number CM13-0065851 3 radicular pain. In the past, this patient has had lumbar fusion surgery at L4/5. The current diagnoses are: 1. History of lumbar fusion with instrumentation. 2. Lower extremity radiculitis and radiculopathy, worse on the left. The utilization review report dated 142/2/13 denied the request for Valium and Voltaren Gel based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG #30: Upheld

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

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

Decision rationale: The patient presents with chronic lower back pain with radiculopathy. The current request is for Valium 10mg #30. Review of the reports submitted indicates that the

patient has been taking Valium since 5/13/13. The MTUS guidelines state that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The patient has been utilizing Valium for at least 6 months which is not supported by MTUS. The request for Valium 10mg, #30 is not medically necessary.

VOLTAREN GEL 1% 5-100G TUBES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic lower back pain with radiculopathy. The current request is for Voltaren gel 1% which is a topical NSAID. The patient is status post lumbar fusion with chronic radiculopathy. The MTUS guidelines for topical NSAIDs states, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." The request is not in accordance with MTUS as this patient does not have peripheral arthropathy. The request for Voltaren Gel 1%5-100g tube is not medically necessary.