

<b>Case Number:</b>	CM13-0067858		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/16/1994
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Family Medicine 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:

Patient is a 46-year-old with a date of injury February 16, 1994. The patient has been receiving treatment for ongoing low back pain. Subjective complaints are of low back pain rated 6/10, and it was noted that patient's functional status remained unchanged. Physical exam showed lumbar spine tenderness and moderate pain with lumbar range of motion. Prior treatment includes lumbar laminectomy in 1994, and medications including opioids, benzodiazepine, and anticonvulsants. While office notes reports some anxiety/depression, there is no current psychological diagnosis or documentation of psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 2 mg, sixty count:** 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:** The Chronic Pain Medical Treatment Guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are

not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to four weeks, due to dependence and tolerance that can occur within weeks. For this patient there is no documentation indicating rationale for medication and does not identify subjective or objective signs consistent for benzodiazepine therapy. Therefore, the request for Xanax 2 mg, sixty count, is not medically necessary or appropriate.

**Voltaren 1% topical gel:** Upheld

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

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

**Decision rationale:** For Voltaren, the Chronic Pain Medical Treatment Guidelines indicates use for osteoarthritis in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Furthermore, the Chronic Pain Medical Treatment Guidelines states topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but with a diminishing effect over another two week period. Voltaren has not been evaluated for treatment of the spine, hip or shoulder. The ODG states that Voltaren gel is not recommended as a first line treatment. For this patient, there is no documented failure of oral NSAIDs, and the treatment was directed to the spine, which is not a guideline indication for use. Therefore, the request for Voltaren 1% topical gel is not medically necessary or appropriate.