

<b>Case Number:</b>	CM14-0005520		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/22/1999
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Internal 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:

This patient is a 54-year-old male with a 1/22/99 date of injury and has chronic neck pain. He sustained injury from repetitive trauma while working as a service technician. On 11/21/13, the patient had neck stiffness with numbness and tingling in his arms, as well as constant pain in the right shoulder. Objective: tenderness in the cervical spine and shoulder, with reduced ROM of the cervical spine. Diagnostic Impression: Cervical Spondylosis, Neck Strain. Treatment-to-date: medications, chiropractic care, psychotherapy. A UR decision dated 1/2/14 denied the request for Strazepam based on the fact that benzodiazepines are not recommended for long-term use. This patient does not have a diagnosis of anxiety. Trepoxicam was denied based on the fact that it is a medical food, which guidelines do not support unless the patient has specific nutritional issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**STRAZEPAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009: 9792.24.2. Chronic Pain Medical Treatment Guidel.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, the duration of time the patient has been taking Strazepam is not provided. Given the patient's 1999 date of injury, it is likely the patient has been taking it long-term. Guidelines do not support the long-term use of benzodiazepines due to the risk of dependence and tolerance, as well as a high-risk of abuse. Most guidelines limit use of benzodiazepines to 4 weeks. In addition, it is unclear why the patient is taking this medication, as there is no diagnosis of anxiety. This request, as submitted, is not medically necessary.

#### **TREPXICAM 7.5:** 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) Chronic Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter

**Decision rationale:** Treproxicam is a combination of Meloxicam, (NSAID) non-steroidal anti-inflammatory drugs, and a medical food, Trepadone. CA MTUS does not address medical foods. ODG states that medical foods is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements. However, the FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. In addition, there is no rationale or indication provided for the treatment with the requested medications. However, there is no rationale provided as to why this patient should be on a medical food. It is unclear why he needs a combination medication, combining an NSAID with a medical food, Trepadone. There is no description of nutritional deficiencies. This request, as submitted, is not medically necessary.