

<b>Case Number:</b>	CM14-0006964		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	06/15/2001
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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, Pulmonary Diseases 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 injured worker is a 57-year-old female who reported an injury on 06/15/2001. The mechanism of injury was not stated. Current diagnoses include carpal tunnel syndrome, lateral epicondylitis, and rotator cuff tendonitis. The injured worker was evaluated on 02/13/2014. The injured worker reported an increase in anxiety, pain, GI upset, and nausea. Current medications include Valium, Zanaflex, OxyContin, Norco and Prozac. Prior conservative treatment was not mentioned. Physical examination revealed tenderness to palpation in bilateral upper extremities and cervical spine, intact sensation, and no acute distress. Treatment recommendations included continuation of current medication with the exception of Daypro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 10MG, #60 PRN FOR SPASMS:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is

unproven and there is a risk of dependence. As per the documentation submitted, the injured worker has utilized Valium 10 mg since at least 06/2013. Despite ongoing use, the injured worker continued to report persistent pain. There is no documentation of palpable muscle spasm upon physical examination. There is also no frequency listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

**ZANAFLEX 2MG, #120 FOR MUSCLE SPASMS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. As per the documentation submitted, the injured worker has utilized Zanaflex 4 mg since at least 06/2013. There is no documentation of palpable muscle spasm upon physical examination. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

**OXYCONTIN 40MG, #90 PRN PAIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 06/2013. Despite ongoing use, the injured worker reported persistent pain. There is no documentation of a satisfactory response to treatment. There is also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.

**NORCO 10/325MG, #90 QID PRN BREAKTHROUGH PAIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 06/2013. Despite ongoing use, the injured worker reported persistent pain. There is no documentation of a satisfactory response to treatment. There is also no frequency listed in the current request.

**PROVIGIL 200MG, #30 TO COUNTERACT SEDATION FROM PAIN MEDS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Modafinil (Provigil®)

**Decision rationale:** The Expert Reviewer's decision rationale: Official Disability Guidelines state Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. The injured worker does not appear to meet criteria for the requested medication. The injured worker has utilized this medication since 06/2013. There is no documentation of objective functional improvement. Additionally, there is no indication of an attempt at reducing excessive narcotic prescribing. Official Disability Guidelines state indications include excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The injured worker does not maintain any of the above mentioned diagnoses. There is also no frequency listed in the current request. As such, the request is non-certified.

**CHIROPRACTIC TREATMENT X 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. Treatment for the forearm, wrist, and hand is not recommended. There is no specific body part listed in the current request. Additionally, the request for 12 sessions of chiropractic treatment exceeds guideline recommendations. Therefore, the request is non-certified.