

<b>Case Number:</b>	CM14-0010474		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old female who has submitted a claim for disc bulge, cervical spine; musculoligamentous sprain/strain, thoracic spine; carpal tunnel syndrome, right hand and migraine headache associated with an industrial injury date of March 29, 2011. The patient complained of persistent neck and mid back pain, grade 8-9 in severity. There was also associated pain on the upper extremities. Physical examination showed paraspinal tenderness of the cervical spine. Spasm was noted on bilateral trapezial areas. There was limited range of motion of the cervical spine. Right hand has positive Tinel and Phalen signs. There was decrease sensation on the index finger, middle finger, and thumb. There was thoracolumbar spine tenderness and limited range of motion due to pain. Imaging studies were not available. The treatment to date has included medications and activity modification. Utilization review, dated January 6, 2014, denied the request for Laxacin 8.6mg/50mg because the patient was not noted to be taking multiple medications such as opioids that cause constipation. The request for Valium 10mg #60 was modified to Valium 10mg #30 to facilitate a weaning process and because it was not recommended for long-term use. The request for Imitrex 100mg #9 x 2 was denied because there were no recent subjective complaints of headaches documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LAXACIN 8.6MG/50MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As stated on page 77 of the California MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. Laxacin is a laxative. In this case, the patient was taking Laxacin since August 2013 and has not been taking concurrent oral opioids since this time nor has there been any indication that the patient is constipated. The medical necessity has not been established. Therefore, the request for Laxacin 8.6mg/50mg is not medically necessary.

**IMITREX 100MG #9 X2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList Website, Imitrex Sumatriptan.

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

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, triptans are recommended for migraine sufferers. In this case, the patient was taking Imitrex since August 2013. The patient has been diagnosed with migraine headache. However, there was no mention in the medical records of any complaints of headache. There was no documentation regarding its functional benefits as well. The medical necessity has not been established, Therefore, the request for Imitrex 100mg #9 x2 is not medically necessary.

**VALIUM 10MG #60:** 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:** As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient has been on Valium since August 2013 for anxiety. This medication is not recommended for long-term use. In addition,

there was no documentation on the submitted medical records that the patient was anxious. Functional benefits from its use was also not discussed. The medical necessity has not been established. Therefore, the request for Valium 10mg #60 is not medically necessary.