

<b>Case Number:</b>	CM14-0163152		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 3/3/2011. She is treated for chronic pain in the cervical spine, shoulder and low back. Prior treatments have included cervical surgery, acupuncture, physical therapy and medication. The treating surgeon has recommended removal of hardware because of persistent pain. She is treated with diclofenac and cyclobenzaprine. The requests are for fenoprofen # 120 and quazepam #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Fenoprofen Calcium 400mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

**Decision rationale:** CA MTUS guideline is clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The medical record documents that the claimant is currently treated with diclofenac (an NSAID) and

does not indicate any failure of or intolerance to the diclofenac. Therefore, 120 Fenoprofen Calcium 400mg are not medically necessary.

**30 Quazepam 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 24.

**Decision rationale:** CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. There is no indication for the addition of a benzodiazepine to a non-benzodiazepine muscle relaxer. In this case, the claimant is already treated with cyclobenzaprine and there is no documentation in the chart of failure of or intolerance to that indication. Therefore, 30 Quazepam 15mg are not medically necessary.