

<b>Case Number:</b>	CM14-0164151		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/02/2005
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 69-year-old male with date of injury of 07/02/2005. The listed diagnoses per [REDACTED] from 07/14/2014 are: 1. Cervical spine spondylosis, 2. Herniated disk, lumbar spine. According to this report, the patient experiences pain in the lumbar spine especially at night. He has to change positions frequently at night. The patient describes pain in the cervical spine with repetitive movements and prolonged positions. He has numbness and tingling in both lower extremities as well as radiating pain. The patient rates his pain 8/10. He states that medications help reduce his symptoms by approximately 60%. He has been taking medications for his symptoms. The objective findings showed tenderness over the paravertebral musculature and trapezial musculature with spasms present in the cervical spine. Tenderness and spasms are palpable over the paravertebral musculature bilaterally in the lumbar spine. Neurologic examination is normal. Sensory exam is normal. Straight leg raise test produces pain in both thighs. The utilization review denied the request on 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100 mg, sixty count:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory; MEDICATION FOR CHRONIC PAIN Page(s): 22; 60-61,67-68.

**Decision rationale:** This patient presents with lumbar spine pain. The treater is requesting Voltaren XR 100 mg, quantity #60. The MTUS Guidelines page 22 on antiinflammatory medications state that antiinflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume but long-term use may not be warranted. The MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Furthermore, MTUS page 68 on NSAIDs for chronic low back pain states, "Recommended as an option for short-term symptomatic relief. Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs are no more effective than other drug such as acetaminophen, narcotic analgesics, and muscle relaxants." The records show that the patient was prescribed diclofenac on 01/13/2014. The 07/14/2014 report notes, "He states that the medications help reduce his symptoms by approximate 60%. The patient has been taking medications to relieve his symptoms." In this case, the treater has noted medication efficacy and the continued use of this medication is reasonable. Recommendation is for authorization.

**Doral 15 mg, thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with lumbar spine pain. The treater is requesting Doral 15 mg. The MTUS Guidelines page 24 on benzodiazepines states, "Not recommended for long-term use because long-term efficacy is not proven and there is a risk of dependence. Most guidelines limit the use to 4 weeks." The records show that the patient was prescribed Doral on 01/13/2014. In this case, MTUS does not support the long-term use of benzodiazepines. Recommendation is for denial.

**Xanax 1 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with lumbar spine pain. The treater is requesting Xanax 1 mg, quantity #60. The MTUS Guidelines page 24 on benzodiazepines states, "Not recommended for long-term use because long-term efficacy is not proven and there is a risk of dependence. Most guidelines limit the use to 4 weeks." The patient was prescribed Xanax on

01/13/2014. Given that the MTUS Guidelines do not recommend the long-term of Xanax, recommendation is for denial.

**Soma 350 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** This patient presents with lumbar spine pain. The treater is requesting Soma, quantity #60. The MTUS Guidelines page 29 on carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate (schedule 4 controlled substance). The documents show the patient was prescribed Soma on 04/11/2014. In this case, it does not appear that the treater is recommended this medication for short-term use and long-term treatment is not supported by the guidelines. Recommendation is for denial.