

<b>Case Number:</b>	CM14-0166861		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old man who sustained a work related injury on August 17, 2009. Subsequently, he developed chronic neck, shoulder, and low back pain. According to a progress report dated September 3, 2014, the patient continued complaining of lower back pain and stiffness of the neck as well as pain going down to the right shoulder as muscular pain. Examination of the cervical spine revealed areas of tenderness or spasm bilaterally on paracervical palpation from the base of the cranium to T1, including the rhomboids and trapezius. Right rotation and right tilt was restricted as well as flexion and extension was restricted. Examination of the right shoulder revealed painless palpation over the acromioclavicular joint and greater tuberosity of the shoulder. There was no tenderness in the subacromial space of the shoulder to palpation. There was grip and grasp weakness of the right hand as compared to the left. Examination of the lumbosacral spine revealed pain at the L4-5 and L5-S1. Patient can flex to more than 50 degrees but after that range of motion was painful with reduced range of motion. Sensation was intact to light touch and pinprick in all dermatomes in bilateral lower extremities. The patient was diagnosed with right shoulder rotator cuff tear, right shoulder impingement, AC joint arthrosis, C5-C6 and C6-C7 anterior cervical discectomy and fusion, lumbar sprain, status post right shoulder surgery, migraine headaches, and depression. The provider requested authorization to use Valium, Tramadol, and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #60:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. Therefore the prescription of Valium 10mg #60 is not medically necessary.

**Tramadol 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance for previous use of tramadol. There is no documentation of severe pain that require the use of Tramadol. Therefore, the prescription of Tramadol 100 mg Qty:90 is not medically necessary.

**Celebrex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

**Decision rationale:** According to MTUS guidelines, Celebrex is indicated in case of back pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that

the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. Therefore, the prescription of Celebrex 100 mg is not medically necessary.