

<b>Case Number:</b>	CM14-0031190		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 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 35-year-old female who reported an injury on 02/14/2009, while attempting to catch a falling resident. The current diagnoses include lumbar degenerative disc disease, post laminectomy syndrome of the lumbar region, myalgia and myositis, chronic pain, cervical degenerative disc disease, spinal fusion, and cervical radiculopathy. The injured worker was evaluated on 05/19/2014 with complaints of moderate to severe lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment is noted to include acupuncture, medication, physical therapy, TENS therapy, trigger point injections, massage therapy, and heat/ice therapy. It is also noted that the injured worker has undergone a cervical fusion in 2011 and a lumbar fusion in 2012. The current medication regimen includes Valium 5 mg, Kadian 20 mg, diclofenac sodium 100 mg, gabapentin, tizanidine, Dilaudid, Abilify, Klonopin, and Cymbalta. Physical examination on that date revealed tenderness to palpation of the paracervical region, radicular pain in the bilateral upper extremities, painful range of motion of the cervical spine, an antalgic gait, severe lumbar spasm, tenderness to palpation over the lumbar spine and gluteal muscles, positive Patrick and Faber testing, positive straight leg raising, and limited and painful range of motion of the lumbar spine. Treatment recommendations at that time included a course of acupuncture and continuation of the current medication regimen. A request for authorization form was then submitted on 05/19/2014 for the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 2mg #30: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend long-term use of benzodiazepines, because long-term use is unproven and there is a risk of dependence. The injured worker has utilized this medication since 03/2011. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Valium 10mg #30: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend long-term use of benzodiazepines, because long-term use is unproven and there is a risk of dependence. The injured worker has utilized this medication since 03/2011. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Sprix 15.75mg/spray #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. Ketorolac is not recommended for minor or chronic painful conditions. Therefore, the current request cannot be determined as medically appropriate.

**Robaxin 750mg #60: 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 Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the injured worker's current medication regimen includes Tizanidine HCL 4 mg. There is no documentation of this injured worker's current utilization of Robaxin 750 mg. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Kadlan 60mg Quantity: 60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 03/2011 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.