

<b>Case Number:</b>	CM14-0035683		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/21/2005
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Practice and is licensed to practice in New York. 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 woman with a date of injury of 10/21/05 - 10/2/06. She was seen by her primary treating physician on 2/28/14 with complaints of constant neck and back pain which was severe at times and radiated to all of her extremities. She also had pain in both wrists and shoulders and her right foot. Her symptoms were said to be relieved with the use of medications which included Valium, Voltaren, Doral and omeprazole. Her exam showed limitations in range of motion of her spine with tenderness and spasm in her cervical, thoracic and lumbar spine. Her knees and right foot were also tender to palpation. Her neurologic exam showed a normal motor exam and normal reflexes with decreased sensation in her fingers and dorsal aspect of her right foot. Her diagnoses included cervical and lumbar spine spondylosis, thoracic spine musculoligamentous sprain, subacromial impingement syndrome bilaterally, bilateral lateral epicondylitis, carpal tunnel syndrome and knee pain. She was to continue her medications which are at issue in this review. The length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren -XR 100mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** This injured worker has chronic back and neck pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications including NSAIDs and muscle relaxants. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify long-term use. The medical necessity of Voltaren is not substantiated in the records.

**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 Page(s): 24.

**Decision rationale:** This injured worker has chronic back and neck pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications including NSAIDs and muscle relaxants. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this injured worker, Valium is prescribed for long-term use and the records do not document medical necessity.

**Doral 15mg, #30:** Upheld

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

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

**Decision rationale:** This injured worker has chronic back and neck pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications including NSAIDs and muscle relaxants. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this injured worker, Doral is prescribed for long-term use and the records do not document medical necessity for the treatment of insomnia or as a muscle relaxant.