

Case Number:	CM14-0054149		
Date Assigned:	07/09/2014	Date of Injury:	06/01/2011
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational Medicine 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 claimant was injured on 06/01/11. Naproxen and diazepam are under review. She has chronic neck pain, low backache, anxiety and depression, and myofascial strain. She was prescribed topical analgesics. She was seen on 10/21/13 and had 4/10 upper and low back pain that were on and off. She was in no distress and had a normal gait. Her physical findings were the same. She is status post MRI in 2011 for the lumbar spine and in 2012 an MRI of the cervical spine. EMG nerve conduction studies were normal. A drug screen dated 12/09/13 was negative for any medication or drugs. She saw [REDACTED] for a reevaluation that day. Her medication use was not described. On 02/17/14, again a urine drug screen showed no medications or drugs. She saw [REDACTED] on 03/27/14 for her neck and low back. She had constant mild to moderate pain in the neck that radiated to the upper back with limited range of motion and constant moderate to severe pain in the low back radiating to both legs and upper thighs. She had numbness and tingling in the outer thighs and legs. There was occasional weakness and giving way. She was still taking medications. Her pain medications were not named. She still had pain in the cervical region but no radicular symptoms. There was minimal tenderness about the low back and no neurologic deficits. Medications and follow-up injections and imaging studies were allowed per her future medical. Clinical examination on 04/03/14 documented painful restricted range of motion affecting the injured body parts. She did not have an acute exacerbation of pain, anxiety or depression or breakthrough pain. She saw [REDACTED] and reported on and off upper back pain rated at level 6/10 that was increased when driving. She had similar level low back pain that increased with her activities and was better with rest. Her medications controlled her pain well. Her neck had tenderness with spasms and limited range of motion. Her thoracolumbar spine also had tenderness and limited range of motion but there were no neurologic deficits. She was diagnosed with the cervical and lumbar sprain with disc

protrusions and myospasms. She was prescribed naproxen and diazepam. A home exercise kit was recommended for her low back. She was also given transdermal medications and pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain; Medications for Chronic Pain Page(s): 102;94.

Decision rationale: The history and documentation do not objectively support the request for use of Naproxen 550 mg #90 for the claimant's ongoing pain. The CA MTUS p. 102 state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS further states "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005)" In this case, the guideline criteria have not been met. There is no evidence of an significant inflammatory condition and no history of failed trials of acetaminophen as a first line medication. The claimant's pattern of use and the recommended dosage is not known. The use of this type of

medication (Naproxen 550mg) for continued pain flare ups is not supported as reasonable or appropriate.

Diazepam 5mg #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): 54.

Decision rationale: The history and documentation do not objectively support the request for diazepam 5 mg #60. There is no evidence of long term use of this type of medication so weaning does not appear to be necessary. Several urine drug screens have been done and benzodiazepines were not found. MTUS state "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The MTUS further state "Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." In this case, the specific benefit that the claimant is expected to receive from the use of this medication are unknown. There is no evidence of extreme anxiety and it is not clear whether she uses it for spasm and gets relief. The medical necessity of the use of diazepam 5 mg at an unknown frequency has not been clearly demonstrated.