

<b>Case Number:</b>	CM14-0187719		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/21/2006
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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:

This 53 year old female sustained a work related injury on 11/21/2006. The mechanism of injury occurred due to cumulative trauma while doing repetitive motions with her upper extremities over a period of time. Subsequently she complained of bilateral upper extremity pain. According to an office visit dated 10/27/2014, treatments have included rest, medications, splinting as well as a right-sided carpal tunnel release. Postoperatively she remained symptomatic. An EMG documented continued carpal tunnel syndrome. It was also noted that she had therapy that did not improve her function as well as pain psychology and cognitive behavioral therapy which were helpful. She complained of bilateral upper extremity pain. Pain was described as constant and sharp and was associated with numbness. She rated pain 10 on a scale of 1-10. Significant use of the upper extremities worsens pain. Rest, medication and the use of an H Wave was noted to be an alleviator of pain. Current medication regimen included Vicodin, Flexeril, Valium, Lexapro, Norvasc, Ambien and Medroxyprogesterone. The injured worker reported poor sleep, poor mood, poor appetite, problems with concentration and thinking, poor energy level, decreased levels of physical activity and enjoyment of life. According to the provider there was some straightening of the normal cervical lordosis but then an enhanced thoracic kyphosis and then a normal lumbar lordosis. Her shoulder girdles were asymmetric with the left shoulder higher than the right. Cervical flexion was 2 finger breadths above the sternal angle. Cervical extension was to 45 degrees. Cervical rotation bilaterally was to 45 degrees. Bilateral shoulder abduction was limited to 160 degrees and was very painful above 90 degrees. Bilateral shoulder flexion was full. She had full range of motion of the elbow and wrist joints bilaterally. She had totally differentials between the right hand and the left hand such as the right was darker than the left. Reflexes were 2+ and symmetric at the biceps, triceps and brachioradialis. She had hypesthesia bilaterally in the median nerve distribution of both hands. She had severe

myofascial trigger points in the trapezius muscles. Assessment included right-sided carpal tunnel syndrome status post carpal tunnel release, left-sided carpal tunnel syndrome, diffuse regional myofascial pain and chronic pain syndrome with both sleep and mood disorder. Diagnoses included pain in right arm, hand pain and pain in left arm. According to the provider, the injured worker has medical legal providers for orthopedics who has deemed maximum medically improved but in need of significant future medical care due to chronic pain syndrome. The psychology Qualified Medical Examiner documented mood impairment out of industrial basis and recommended further care. Recommendations included chronic pain physical therapy evaluation and six sessions of treatment and chronic pain psychology evaluation and six sessions of treatment. Laboratory results including drug monitoring dated 06/14/2012 was submitted for review. On 11/06/2014 Utilization Review non-certified 1 month supply of Valium 10mg, 1 month supply of Flexeril 10mg and 1 month supply of Vicodin 5-325mg that was requested on 10/29/2014. According to the Utilization Review physician in regards to Vicodin, there was lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, adverse side effects and the utilization of urine drug screens to monitor aberrant drug taking behaviors. In regards to Flexeril, there was lack of documentation indicating muscle spasms and an absence of duration of use. In regards to Valium, there was lack of documentation indicating duration of use and an absence of documentation showing evidence of improved mood. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 month supply of Valium 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 63, and 24.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, given the 2006 original date of injury, it is unclear how long the patient has been taking Valium. Guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. Additionally, there is no clear documentation of objective functional benefit or symptomatic benefit derived from Valium use. Therefore, the request for 1 month supply of Valium 10 mg was not medically necessary.

**1 month supply of Flexeril 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 63 and 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, given the 2006 original date of injury, it is unknown how long the patient has been taking Flexeril. Guidelines do not recommend the chronic use of muscle relaxants. Additionally, there is no documentation of any muscle spasms or acute interval muscular exacerbation. Furthermore, there is no documentation of objective benefit derived from Flexeril use. Therefore, the request for a 1 month supply of Flexeril 10 mg was not medically necessary.

**1 month supply of Vicodin 5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 63 and 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2006 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for a 1 month supply of Vicodin 5/325 mg was not medically necessary.