

<b>Case Number:</b>	CM15-0137323		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	01/15/2001
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 69-year-old female who sustained an industrial injury on 01/15/2001. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having: Cervical degenerative disc disease, cervical facet arthropathy, and cervical radiculopathy with increased radicular symptomatology. Remote history of cervical neck surgery in 1969. Right shoulder internal derangement. Bilateral shoulder pain. Lumbar degenerative disc disease, anterolisthesis at L4-5, foraminal narrowing bilaterally at L4-L5. Lumbar radiculopathy, worsening Treatment to date has included conservative measures of heat, ice, rest, gentle stretching, and medications. Diagnostic X-rays of the lumbar spine, flexion and extension views (07/29/2013), MRI of the lumbar spine (09/2012), and cervical MRI (04/22/2009 plus 05/27/2014) were done. Currently, the injured worker complains of worsening chronic neck pain, bilateral shoulder pain, back pain, leg pain, and intermittent radiation of neck pain into arms. Her pain level at exam was 6 on a scale of 10 following a chiropractic treatment. The neck pain radiates down the left arm and into the left shoulder blade and out to the shoulders. There is some weakness and numbness into the arms. She also complains of worsening back pain radiating into the bilateral legs. She ambulates with a cane. Her medication regimen is necessary for worker to function and perform activities of daily living. She is on stable doses. Medications, activity restriction, and rest keep the pain at a manageable level. Medications include Meloxicam, Lyrica, and compounded topical cream of Ketoprofen 10%, cyclobenzaprine 3%, Capsaicin, .0375%, menthol 2%, and camphor 1%. On examination, there was diminished cervical range of motion in all planes. A well-healed anterior

surgical scar was noted, and there was marked tenderness anteriorly in both shoulders and posteriorly. There is pain with abduction and forward flexion of the shoulders, and there is tenderness through the midline and paraspinal areas of the cervical spine. Lumbar range of motion is diminished, and she has tenderness throughout the lumbar spine midline and paraspinal. There is mild quadriceps weakness on the left side. The plan of care is for continued conservative treatment and continuation of her medication regimen. A request for authorization was made for the following. 1. Mirapex 1mg #452. Valium 5mg #203. Meloxicam 15mg #304. Lyrica 50mg #60.

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

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

#### **Mirapex 1mg #45: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Mirapex.

**Decision rationale:** According to the records, the patient has ongoing neck pain, bilateral shoulder pain, back pain, leg pain and intermittent radiation into the arms. The current request is for Mirapex 1mg #45. The attending physician in his report dated 6/9/15, page 63 (B), says the "patient sleeps very poorly due to the fact that she has restless legs, she is asking for medications for this. We will give her Mirapex." The CA MTUS, ACOEM, and ODG Guidelines are silent on this issue. Mirapex is used to treat symptoms of Parkinson's disease, such as stiffness, tremors, muscle spasms, and poor muscle control. Mirapex is also used to treat restless legs syndrome (RLS). In this case, the records reflect that the patient suffers from restless leg syndrome and the request is therefore medically necessary.

#### **Valium 5mg #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** According to the records, the patient has ongoing neck pain, bilateral shoulder pain, back pain, leg pain and intermittent radiation into the arms. The current request is for Valium 5mg #20. Valium (diazepam) is a benzodiazepine. Diazepam affects chemicals in the brain that may become unbalanced and cause anxiety. According to the MTUS, 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. In this case, there does not appear to be any medical evidence for this medication in the treatment

of this patient's condition. There is no specific documentation of decreased pain or functional improvement and the patient has been prescribed this medication for long term usage. Based on the available documentation, the medical necessity for Valium has not been established. The request is not medically necessary.