

Case Number:	CM15-0207335		
Date Assigned:	10/26/2015	Date of Injury:	10/04/2002
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50-year-old male, with a reported date of injury of 10-04-2002. The diagnoses include lumbar disc disorder, depression, cervical spine pain, cervical radiculopathy, lumbar radiculopathy, upper limb entrapment neuropathy, lumbar spine degenerative disc disease, and cervical disc disorder. The medical report dated 09-03-2015 indicates that the injured worker complained of pain along the neck with radiation into both arms and the lower back. He also complained of muscle spasms, myalgias, numbness, tingling, and weakness. The injured worker rated his pain (08-04-2015) 5 out of 10 with medication and 10 out of 10 without medications and rated his pain (07-07-2015) 6 out of 10 with medications and 9 out of 10 without medications. The physical examination showed restricted cervical flexion to 30 degrees; cervical extension limited to 20 degrees; cervical lateral rotation to the left limited to 45 degrees; cervical lateral rotation to the right limited to 45 degrees; tenderness at the paracervical muscles; pain in the neck muscles with Spurling's maneuver with radiation to the upper extremity; and decreased sensation in the first to third fingers of the left hand. The injured worker was noted as temporarily totally disabled until the next appointment. The diagnostic studies to date have included a urine drug screen on 04-30-2015 which was positive for marijuana. Treatments and evaluation to date have included Naprosyn, Topamax, Flector patch, and Topiramate. The request for authorization was dated 09-15-2015. The treating physician requested Valium 5mg #3, one tablet the night before the MRI, one tablet in the morning, and one tablet 30 minutes before the MRI and Voltaren 1% gel #3, apply three times a day to the affected area. On 09-24-

2015, Utilization Review (UR) non-certified the request for Valium 5mg #3 and Voltaren 1% gel #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg tablets #3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was provided 3 tablets for anxiety prior to an MRI. The short-course situation use is appropriate and medically necessary for those with spasms and anxiety while undergoing treatment that requires one to be stationary in enclosed spaces.

Voltaren 1% gel #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. Topical NSAIDs can reach systemic levels similar to oral NSAIDs increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The claimant was on oral NSAIDs for months and topical Flector prior to request for Voltaren. The Voltaren gel is not medically necessary.