

<b>Case Number:</b>	CM15-0023570		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old female who reported an injury on 10/23/2008. The mechanism of injury was not stated. The current diagnoses include chronic pain syndrome, low back pain, degeneration of lumbosacral intervertebral disc, and neck pain. The injured worker presented on 01/02/2015 for a followup evaluation with complaints of persistent pain. Conservative treatment has included physical therapy, massage therapy, and medication management. The current medication regimen includes diazepam 5 mg, Soma 350 mg, and Percocet 10/325 mg. It is also noted that the injured worker is status post ACDF at C5-6 and C6-7 on 04/29/2014. Upon examination, there was tenderness over the bilateral trapezius muscles, tenderness over the spinous process from L1-3, pain with extension of the lumbar spine, and tenderness over the lower thoracic spine with palpation over the paraspinal muscles. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg, 1 tab b.i.d at HS for 3 months (quantity unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The injured worker has continuously utilized Valium 5 mg for an unknown duration. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for a benzodiazepine has not been established in this case. There is also no quantity listed in the request. Given the above, the request is not medically appropriate.

**Percocet 10/325mg, 1 tablet b.i.d, #60, for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There was no mention of a failure of nonopioid analgesics. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically appropriate.

**Soma 350mg, qd, #90 for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication for an unknown duration. The guidelines do not support long term use of this medication. There was no documentation of palpable muscle spasm or spasticity upon

examination. The medical necessity has not been established. Given the above, the request is not medically appropriate.