

<b>Case Number:</b>	CM14-0118868		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/09/1997
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 59 year old female injured on 01/09/97 while picking up boxes resulting in constellation of posterior neck pain and discomfort. Treatment included physical therapy, ongoing self-exercise program, acupuncture, TENS unit, anti-inflammatory medication, narcotic medication, 6 epidural steroid injections, and bracing. Diagnoses include left shoulder impingement status post intervention, discogenic cervical conditions, status post fusion with tightness and spasm, and sleep disorder. A clinical note dated 07/14/14 indicated the injured worker presented complaining of persistent neck pain, muscle spasm, stiffness, and tightness as well as left shoulder pain. Documentation indicated the injured worker utilizing medication for anxiety, sleep disorder, and pain. Physical examination revealed blood pressure 106/70, pulse 84, stiffness and spasm in the neck, trapezius, and shoulder girdle bilaterally, and limited range of motion less than 25 degrees bilaterally. Treatment plan included prescription for Tylenol #3, Valium 5mg, Lorazepam 1mg, Topamax 50mg for neuropathic pain in the neck, and referral to physiatrist for possible injection, chiropractic 12 session to improve range of motion/function/strength. The initial request was non-certified on 07/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 59.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the injured worker reevaluated. The request for 12 Chiropractic visits exceeds the recommended trial period of 6 sessions to establish functional improvement. As such, the request for 12 chiropractic visits cannot be recommended as medically necessary.

**60 Tylenol #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Additionally, the frequency of administration was not provided. As such, 60 Tylenol #3 cannot be recommended as medically necessary at this time.

**30 Valium 5mg:** 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): 24.

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, and anti-convulsants and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to effects

develops rapidly. The injured worker has exceeded the 4 week treatment window. As such, the request for 30 Valium 5mg cannot be recommended at this time.

**60 Lorazepam 1mg: 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): 24.

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the 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 effects develops rapidly. The injured worker has exceeded the 4 week treatment window. As such, the request for 60 Lorazepam 1mg cannot be recommended at this time as medically necessary.

**60 Topamax 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, Topiramate (Topamax, no generic available) Page(s): 20, 21.

**Decision rationale:** As noted on page 21 of the Chronic Pain Medical Treatment Guidelines, Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for 60 Topamax 50mg cannot be recommended as medically necessary.