

<b>Case Number:</b>	CM14-0183837		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	11/30/1984
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 65-year-old female who reported an injury on 11/30/1984 when, while carrying files to her desk, she sustained an injury to the lower back and neck. The diagnoses included post laminectomy syndrome, cervical radiculitis, degenerative disc disease, lumbosacral neuritis, lumbar/lumbosacral disc degeneration, and postlaminectomy syndrome to the lumbar. Past treatments included epidural steroid injection, pain management program, a home exercise program, physical therapy, acupuncture, chiropractic, heat therapy, ice, massage therapy, trigger point injections, and a TENS unit. The past surgeries included a laminectomy at the L5-S1 in 1991; a neck fusion at the C5, dated 11/1995; and cervical 3-4 and 4-5, date 07/1998. Medications included trazodone, Flexeril, Lunesta, tramadol, omeprazole, Cymbalta, gabapentin, Valium, Cardura, Keflex, Vicodin, and aspirin. The patient rated her pain a 7/10 to 8/10 using the VAS. Diagnostics included an MRI of the lumbar spine, dated 04/26/2011, an MRI of the cervical spine, dated 04/26/2011; an MRI of the thoracic spine, dated 04/26/2011; and an x-ray of the left elbow on 04/22/2014. The objective findings dated 10/15/2014, of the cervical spine, revealed no abnormal curvature of the spine, no obvious deformities. Tenderness to palpation over the right region, bilateral suboccipital region, bilateral upper cervical facets, bilateral mid cervical facets, and bilateral lower cervical facet. Range of motion with flexion at 30 degrees and extension at 10 degrees. The examination of the lumbar spine revealed sensory was grossly intact to light touch. The treatment plan included Valium 5 mg, tramadol 50 mg, and omeprazole 20 mg. The Request for Authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg:** Upheld

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

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

**Decision rationale:** The request for Valium 5 mg is not medically necessary. The California MTUS indicates that Valium is known generically known as diazepam and is a benzodiazepines primary indicated for a sedative hypnotic and anxiolytic anticonvulsant and muscle relaxant. Benzodiazepines are not recommended due to the rapid development of tolerance and dependence, and most guidelines limit the use to 4 weeks. The clinical notes indicated the injured worker had been taking the Valium since at least 04/20/2014, exceeding the recommended 4 weeks. The injured worker indicated that her back pain was an 8/10 and cervical was a 7/10 using the VAS, which included aching, spasm, and tightness. Per clinical finding, there had been no change in the injured workers signs or symptoms and her pain had remained the same as from prior clinical findings, indicating no efficacy in the medication. Additionally, the request did not indicate a frequency or duration. As such, the request is not medically necessary.

**Tramadol 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

**Decision rationale:** The request for Tramadol 50mg is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes indicated that the tramadol assisted with getting the injured worker up and getting her moving. However, the clinical notes from 09/17/2014 indicated that the patient rated her pain at 7/10 to 8/10 using the VAS, which indicated that the tramadol no longer had any efficacy. Also, tramadol is not recommended as a first line oral analgesic for the management of neuropathic pain. The patient should be monitored for ongoing adverse side effects and aberrant drug taking behaviors. Additionally, the request did not address the frequency or duration. As such, the request is not medically necessary.

**Omeprazole 20mg:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Omeprazole 20 mg is not medically necessary. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms on examination. It did not appear the injured worker is at risk for gastrointestinal events. Additionally, the request did not address the frequency or duration. Therefore, the request is not medically necessary.