

<b>Case Number:</b>	CM14-0087393		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Management and is licensed to practice in Tennessee. 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 patient is a 53-year-old female who has submitted a claim for history of chronic cervical sprain/strain, lumbosacral strain/sprain, herniated nucleus pulposus lumbar spine with radicular complaints, cervical disc protrusion with ongoing radicular complaints, multilevel disc protrusion and 4.4mm disc protrusion at T7-T8, and bilateral carpal tunnel syndrome per NCV associated with an industrial injury date of March 20, 2006. Medical records from 2013-2014 were reviewed. The patient complained of upper back and low back pain, rated 7-8/10 in severity. The upper back pain radiates to her entire back and to her arms and hands with associated numbness and tingling. The pain increases with prolonged sitting and doing household chores. The low back pain radiates to her bilateral legs and bottom of the feet with numbness and tingling sensation. It was increased with prolonged walking and doing chores. Physical examination showed spasm in the bilateral trapezius muscle. Range of motion of the cervical spine was limited secondary to pain. Motor strength was decreased on the flexor muscles bilaterally along the C4-C7 distribution. Sensation was decreased in the bilateral upper extremities along the C4-C7 dermatome as well. Spurling's test was positive bilaterally. Lumbar spine examination showed spasms in the bilateral paraspinal muscle at L3-S1 levels. Spinal vertebral tenderness was noted bilaterally as well. Range of motion was limited secondary to pain. Motor strength was decreased on the flexor muscles of the lower extremity. Sensation was decreased in the lower extremity along the L4-S1 dermatome. Straight leg raise test was positive. MRI of the cervical spine, dated October 15, 2013, revealed degenerative osteophyte formation on C4-C5, C5-C6 and C6-C7. MRI of the lumbar spine, dated October 15, 2013, showed degenerative osteophyte formation on the lumbar vertebral bodies; diffuse disc bulge is effacing the thecal sac and bilateral transiting nerve roots resulting in bilateral neural foraminal stenosis

with encroachment to the bilateral exiting nerve roots on L2-L3, L3-L4, and L4-L5; and diffuse bulge encroaching the epidural space on L5-S1. EMG/NCV of the upper extremities dated January 9, 2014 showed bilateral mild carpal tunnel syndrome. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated May 27, 2014, denied the request for Transdermal compounds because there was no medical documentation provided suggesting the medical necessity for prescribing a topical cream at this time; and denied the request for Diazepam 5mg #60 because there was no medical documentation provided suggesting the patient needs it at this time. The request for Pantoprazole 20mg #90 was denied as well but reasons for denial were not made available.

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

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

**Diazepam 5mg #60:** 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 CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient has been on Diazepam since December 2013 for anxiety, depression, and insomnia. However, this medication is not recommended for long-term use. In addition, recent clinical evaluation did not document symptoms of anxiety, depression, or insomnia. Functional benefits from its use were not discussed. The medical necessity has not been established. Therefore, the request for Diazepam 5mg #60 is not medically necessary.

**Pantoprazole 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** Pantoprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 68 & 69 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient has been prescribed Pantoprazole

since at least December 2013. Rationale for the request was not provided. There is no documentation regarding any underlying GI disorder in this patient, or any adverse GI symptoms secondary to concurrent NSAID use. Moreover, the medical records submitted for review did not show that the patient is at risk for gastrointestinal event. Therefore, the request for Pantoprazole 20mg #90 is not medically necessary.

**Transdermal Compounds:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As stated on page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and transdermal compounds are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient has upper and lower back pain. However, medical records did not indicate if patient had trials of antidepressants and anticonvulsants to address his problem. In addition, specific transdermal compound being prescribed as well as the quantity to be dispensed is not mentioned in the documents provided. The present request was non-specific. Therefore, the request for Transdermal Compounds is not medically necessary.