

<b>Case Number:</b>	CM14-0032142		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 57 year old female with date of injury 11/30/09. The treating physician's hand written, check box report dated 2/26/14 (47) indicates that the patient presents with the same problem (spasms and pain) as last visit and is here for meds. The patient's emotional well being has gotten worse. The physical examination findings reveal spasms and pain. Prior treatment history includes analgesic medications, adjuvant medications, psychotropic medications and extensive periods of time off of work. The current diagnosis is cervical radiculopathy. The utilization review report dated 3/4/14 (5) denied the request for Valium and Tramadol based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 1mg, #30 with 2 refills:** Upheld

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

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

**Decision rationale:** The patient presents with chronic pain and spasms and has been diagnosed with cervical radiculopathy. The current request is for Valium 1mg, #30 with 2 refills. The records provided indicate that the patient has been prescribed Valium since at least 12/17/13. The MTUS guidelines state that 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." The patient has been utilizing Valium for at least 3 months which is not supported by MTUS. The current request with refills is not medically necessary and the recommendation is for denial.

**Tramadol ER 200mg, with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for continuation of Opioid therapy Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with chronic pain and spasms and has been diagnosed with cervical radiculopathy. The current request is for Tramadol ER 200mg, with 2 refills. The treating physician states that the patient has pain that is a 10/10 and that functional abilities have remained the same. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no documentation of before and after pain scales, no discussion of ADLs or any functional improvements or return to work, and there is no discussion of side effects or aberrant behaviors. There is no way to tell if this medication is providing any functional improvements in the patient's condition. The MTUS guidelines require much more thorough documentation to allow ongoing opioid usage. The current request is not medically necessary.