

<b>Case Number:</b>	CM13-0009331		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	12/06/2004
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Ohio and 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 physician 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 male who reported an injury on 12/06/2004 after leaning back on a chair that broke, which caused a fall causing injury to the patient's neck, upper back, and shoulder. Prior treatments included chiropractic care, home exercises, physical therapy, biofeedback, heat, ice, massage, steroid injections, and a TENS unit. The patient's pain was also managed with medications to include Naprosyn, Decadron, Norco, diazepam, and a Flector patch. The patient's most recent clinical examination findings included restricted range of motion and tenderness over the bilateral cervical musculature, 5/5 strength of the bilateral upper extremities, and intact sensation to light touch. The patient's diagnoses included spondylosis without myelopathy, degenerative cervical intervertebral disc disease, and spinal stenosis in the cervical region. The patient's treatment plan was to continue medications for the management of the patient's chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The requested Naprosyn 500mg x 60 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule states non-steroidal anti-inflammatory drugs are "recommended as an option for short-term symptomatic relief." The clinical documentation submitted for review does indicate that the patient is prescribed this medication 1 tablet 3 times a day. There is no indication that the patient is using this medication for acute exacerbations. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. As the California Medical Treatment and Utilization Schedule only supports the short-term use of this medication, continued use would not be supported. As such, the requested Naprosyn 500mg x 60 is not medically necessary or appropriate.

**Norco 10/325mg times 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The requested Norco 10-325mg x 180 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by an assessment of pain relief, an assessment of side effects, documentation of specific functional increases, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient is being monitored for aberrant behavior. Additionally, it is noted that the patient has 8/10 pain. However, there is no quantitative description of the patient's pain levels with medication usage. Additionally, functional increases are not specifically identified as a result of the patient's medication usage. As such, the requested Norco 10-325mg x 180 is not medically necessary or appropriate.

**Diazepam 5mg #120:** Upheld

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

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

**Decision rationale:** The requested Diazepam 5mg x 120 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the use of benzodiazepines be limited to approximately 4 weeks. The California Medical Treatment and Utilization Schedule states, "tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety." The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. There are no exceptional factors noted within the documentation or specific functional increases related

to the medication to support extending treatment beyond Guideline recommendations. As such, the requested Diazepam 5mg x 120 is not medically necessary or appropriate.

**Flector Patch 1.3% #60:** Upheld

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

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

**Decision rationale:** The requested Flector Patch 1.3% x 60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration. The California Medical Treatment and Utilization Schedule states that this type of medication contains diclofenac. This is considered a non-steroidal anti-inflammatory topical agent. The California Medical Treatment and Utilization Schedule does not recommend the long-term use of topical non-steroidal anti-inflammatory agents due to lack of scientific evidence to support the efficacy of longer durations of treatment. Additionally, the clinical documentation submitted for review does not provide any specific functional benefit related to this medication. As such, the requested Flector Patch 1.3% x 60 is not medically necessary or appropriate.