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| <b>Case Number:</b>   | CM13-0010173 |                              |            |
| <b>Date Assigned:</b> | 11/06/2013   | <b>Date of Injury:</b>       | 10/28/1997 |
| <b>Decision Date:</b> | 02/20/2014   | <b>UR Denial Date:</b>       | 07/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/16/2013 |

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 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.

### 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 claimant is a 45-year-old female patient, s/p injury 10/28/97. The patient most recently (7/19/13) presented with lower extremity pain. She has a history of right foot fracture with the development of complex pain regional syndrome in the right leg. The pain then spread to her left leg. She has severe burning pain in both feet and lower legs. She has been wheelchair bound for several years due to the pain. She has difficulty sleeping due to the pain. The patient has required home health aide for the past 3-4 years. The aid helps for 8 hours a day, 5 days per week, and assists her with personal hygiene tasks, wheelchair transfer, and grocery shopping. The patient is unable to carry out these tasks due to risk of falling; Physical examination revealed the patient is well developed, well-nourished, and in no cardiorespiratory distress. She is alert and oriented x3. The patient comes to the exam room in a motorized scooter. Plan indicates replace home health aide as the current aide injured herself and will not be able to come in. Current diagnosis includes reflex sympathetic dystrophy, insomnia, and CRPS. Treatment to date includes medications and PT. Treatment requested is - Home Health Aide, 8 hrs/day, 5 day/week, Ativan 2mg #15, Cyclobenzaprine-Flexeril 7.5mg #90, Diclofenac Sodium 1.5% Cream, 60 grams, and Hydrocodone/ APAP 10/325mg#24.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide, 8 hours a day, 5 days a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** Recommended only for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed

**Ativan 2mg #15:** 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:** 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.

**Cyclobenzaprine (Flexeril) 7.5mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** CA- MTUS (Effective July 18, 2009), page 64, section on antispasmodics, which includes Flexeril also known as Cyclobenzaprine, is used to decrease muscle spasm in conditions such as lower back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. (Chou, 2004). They recommended for a short course of therapy. The recommended dosage is 5-10mg thrice daily, for no longer than 2-3 weeks, with the greatest benefit in the first 4 days of therapy. The claimant continues to be symptomatic with pain accompanied by clinical deficits and limitations on exam. Therefore the request for Cyclobenzaprine (Flexeril) 7.5mg #90 is not medically necessary

**Diclofenac Sodium 1.5% cream, 60 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** CA-MTUS (effective July 18, 2009) section on Topical Analgesics, page 111 to 112 of 127 states that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren® Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). Therefore the prescription for Diclofenac Sodium 1.5% cream, 60 grams was not medically necessary

**Hydrocodone/APAP 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 81 and 91.

**Decision rationale:** CA-MTUS (July 18, 2009) page 76 through 77 of 127, section on Opioids: Hydrocodone/APAP 10/325mg is as short-acting opioids (Hydrocodone plus Acetaminophen), also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are indicated for moderate to moderately severe pain, and are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The MTUS guidelines recommended that ongoing use of Opioids is indicated (a) If the patient has returned to work, (b) If the patient has improved functioning and pain