

Case Number:	CM13-0057282		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2007
Decision Date:	06/02/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 and 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 patient is a 49 year old female who was injured on 03/07/2007. The mechanism of injury is unknown. The patient underwent cervical fusion, home exercise program, medications, and physical therapy. The patient's medications as of 1/27/2014 included Doral, Naproxen, Norco, and Flurbiprofen menthol capsaicin topical medication. The patient's medications as of 12/02/2013 included Doral, Naproxen, hydrocodone 10 mg and Flurbiprofen menthol capsaicin topical medication. The patient's medications as of 11/04/2013 included Ambien, Anaprox, Valium and Norco. She also uses 30 gm Flurbiprofen 25%-Menthol, 10% Camphor, 3% Capsaicin 0.0375% topical compound cream. The patient's medications as of 09/06/2013 included Ambien, Naproxen, Diazepam, Norco, and uses Terocin lotion. PR2 dated 07/05/2013 states the patient is taking medications which include Ambien, Norco, Diazepam, and uses an ointment. She reports she is not working. PR2 dated 02/24/2014 indicates the patient continues to experience pain in her neck and shoulders. She has pain in her right hand especially in the morning. She states that she has difficulty sleeping. She is limited in her activities of daily living. She is attempting to increase her activity level. She has numbness and tingling in the right hand as well as radiating pain in the right hand. The patient indicates that she has relief of symptoms with use of the medications, which include Doral, naproxen, hydrocodone 10 mg, and Flurbiprofen menthol capsaicin topical medication. Objective findings on exam revealed flexion and extension of the cervical spine is to 20 degrees. There is a healed incision present. Tenderness and spasm are palpable over the paravertebral and trapezial musculature. Flexion and abduction of the bilateral shoulders measures 170 degrees. There is tenderness to palpation; Flexion and extension of bilateral wrist is 55 degrees. There is tenderness to palpation and a healed incision is present. She has normal motor, reflex, and sensory function. Diagnoses are

bilateral trapezial shoulder sprain with impingement syndrome, lateral epicondylitis of the right elbow, and overuse syndrome with synovitis and tenosynovitis of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: AMBIEN 5MG #60 ,10/4/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), ZOLPIDEM (AMBIEN®).

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, this patient reports sleeping difficulties secondary to chronic pain and anxiety. This patient has been prescribed this medication chronically and there has been no evidence of improvement in patient's complaints of insomnia. Also, the patient has far exceeded the guidelines recommendation of short-term use of 2-6 weeks. Thus, the medical necessity has not been established and the continued use of Ambien is non-certified.

RETRO: VALIUM 10MG (DIAZEPAM) #60 10/4/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC), WEANING OF MEDICATIONS.

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

Decision rationale: Valium is a benzodiazepines and is recommended as sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. As per CA MTUS, it is 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. In this case, this patient has been prescribed this medication chronically at least since 2011 and there is no evidence of efficacy with its long-term use. Thus, the request for continued use of Valium 10 mg (Diazepam) #60,10/4/2013 is not medically necessary and appropriate.

RETRO: NORCO 10/325 (HYDROCODONE) #60 10/4/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF OPIOIDS..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-94.

Decision rationale: As per CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Guidelines indicate, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, this patient has chronic cervical spine pain radiating to bilateral upper extremities associated with numbness and tingling in the hand and has been prescribed Norco for long periods of time. There is no documentation of pain reduction or objective functional improvement with the chronic use of this medication. This patient has been off of work. Also, guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that a urine drug screening was done. Thus, the request is non-certified and slow tapering/weaning process needs to be initiated due to the risk of withdrawal symptoms.

RETRO: ANAPROX 550MG (NAPROXEN SODIUM) #60 10/4/2013: 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 NSAIDS(NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

Decision rationale: As per CA MTUS guidelines, NSAIDs are recommended as first-line treatment to reduce pain and improve activity and functional restoration can resume; however, the guidelines do not recommend long-term use. The submitted medical records indicate that this patient has been prescribed this medication chronically and there is no evidence of efficacy with the use of this medication. The patient has remained off of work. Thus, the request for continued use of Anaprox is not medically necessary and appropriate.

RETRO: FLURBIPROGEN 25% MENTHOL, 10% CAMPHOR, 3% CAPASICIN, 30MG;10/4/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS, AND MENTHOL..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: As per CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, this patient has chronic cervical spine pain radiating to bilateral upper extremities associated with numbness and tingling in the hand. Regarding Flurbiprofen, the guidelines recommend that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and is not recommended for neuropathic pain as there is no evidence to support use. Regarding topical capsaicin, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Flurbiprofen 25% Menthol, 10% Camphor, 3% Capsaicin, 30MG;10/04/2013 is not medically necessary and appropriate.