

Case Number:	CM14-0000508		
Date Assigned:	01/10/2014	Date of Injury:	01/15/2010
Decision Date:	04/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 1/15/10. A utilization review determination dated 12/11/13 recommends non-certification of capsaicin and diclofenac powders. Partial certification was recommended for cyclobenzaprine for #20. Partial certification was also recommended for a two-month supply each of pantoprazole, naproxen, and generic Ativan. On 12/2/13, medical report identifies pain in the neck radiating to the right shoulder to the hand. Pain has been a little better lately. The patient reports difficulty sleeping at night due to pain and anxiety. On exam, there is cervical spine tenderness and decreased range of motion (ROM) with decreased sensation along the right in a C5-6 distribution. There is decreased strength at the right hand grip and Tinel's is positive at the right elbow. The recommendations include a surgical consultation, Ativan, tramadol/APAP, and diclofenac cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN POWDER: Upheld

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

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

Decision rationale: Regarding request for capsaicin powder, the CA MTUS states that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has obtained any quantifiable analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested capsaicin powder is not medically necessary.

DICLOFENAC SODIUM POWDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for diclofenac sodium powder, the CA MTUS states that topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." The above has not been documented. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain or reduced numerical rating scale (NRS)) or specific objective functional improvement from the use of topical diclofenac. In light of the above issues, the currently requested diclofenac sodium powder is not medically necessary.

PANTOPRAZOLE-PROTONIX 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for pantoprazole, the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested pantoprazole is not medically necessary.

CYCLOBENZAPRINE-FLEXERIL 7.5MG: 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): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, the CA MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific quantified analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

NAPROXEN SODIUM- ANAPROX 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Regarding the request for naproxen, the CA MTUS Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that naproxen is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

ATIVAN 1MG: Upheld

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

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

Decision rationale: Regarding the request for Ativan, the CA MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence, and most guidelines limit use to 4 weeks. They also note that a more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, it appears that the medication is being utilized for anxiety, but there is no clear documentation of significant efficacy and a

rationale for long-term use despite the recommendations of the CA MTUS. The medication should not be abruptly discontinued but, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Ativan is not medically necessary