

Case Number:	CM14-0008880		
Date Assigned:	02/12/2014	Date of Injury:	07/11/2007
Decision Date:	07/22/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 Pain Management and is licensed to practice in Tennessee. 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 56-year-old male who has submitted a claim for chronic cervical spine sprain with multiple surgeries associated with an industrial injury date of 07/11/2007. Medical records from 06/19/2012 to 01/12/2014 were reviewed and showed that patient complained of chronic neck pain graded 5-9/10 which interfered with his sleep. Physical examination revealed no edema or tenderness over the cervical paravertebral muscles. Gait was normal without disequilibrium. Motor strength of all extremities was 5/5. Sensation to light touch was intact. Neurologic exam was normal. Treatment to date has included anterior cervical discectomy and fusion C6-7 and C7-T1 (1/5/09) Nucynta ER 200mg BID, Oxycodone 30mg PRN, Dilaudid 8mg QID, Temazepam 30mg started 03/2013, Voltaren gel QID started 08/2012, Lidoderm 5% patch, and Celebrex 200mg BID. Utilization review, dated 01/13/2014 modified the request for Temazepam 30mg #30 because the ODG note that benzodiazepines may be an option for sleep-onset insomnia, but are only recommended for a short duration due to risk of tolerance, dependence and other adverse side effects. The patient has been taking temazepam since at least March of 2013. This is far beyond the aforementioned guideline recommendations for the use of benzodiazepines. Therefore, the prospective request for Temazepam 30mg #30 is modified to allow for certification of Temazepam 30mg #24, with the remaining #6 tablets non-certified. The UR denied the request for 1 prescription of Voltaren gel 700mg because CA MTUS Guidelines support topical NSAIDs such as diclofenac 1% gel (Voltaren) for osteoarthritis and tendinitis in joints that are amenable to topical treatment such as the knee and elbow. There is little evidence to support topical NSAIDs for the spine, hip, or shoulder. The patient is not an appropriate candidate for Voltaren gel at this time. This medication has been prescribed for neck pain; however, it has not been evaluated for treatment of the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM 30MG #30: 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 BENZODIAZEPINES Page(s): 24.

Decision rationale: According to CA MTUS Chronic Pain treatment Guidelines, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. In this case, the patient has been using Temazepam since 3/2013. This has exceeded the guidelines recommendation. There is likewise no documentation concerning improvement in sleep attributed to its use. Therefore, the request for prescription of Temazepam 30mg #30 is not medically necessary.

VOLTAREN GEL 700G: Upheld

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

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, patient has been using Voltaren gel since October 2013 for treatment of the cervical spine. However, the use of Voltaren is not in conjunction with the recommendation of the CA MTUS guidelines. Therefore, the request for prescription of Voltaren gel 700g is not medically necessary.