

Case Number:	CM14-0011618		
Date Assigned:	02/21/2014	Date of Injury:	06/12/2006
Decision Date:	11/03/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty 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:

This is a 48-year-old female with a 6/12/06 date of injury. A specific mechanism of injury was not described. According to a progress report dated 12/31/13, the patient complained of lower back pain and pain in both shoulders and both arms. Objective findings: tenderness to palpation of right paracervical and supraclavicular, limited range of motion of right upper extremity. Diagnostic impression: right thoracic outlet syndrome, right shoulder and wrist pain. Treatment to date: medication management, activity modification, injections. A UR decision dated 1/13/14 denied the requests for Voltaren gel, Alprazolam, Tizanidine, and Hydrocodone 5/500mg. Regarding Voltaren gel, documentation does not describe well-demarcated neuropathic pain and is failed a gamut of faintly available oral agents. Regarding Alprazolam, benzodiazepines are not supported for long-term use due to unproven efficacy and risk of dependence. Regarding Tizanidine, documentation does not identify presence of spasticity or significant functional/vocational benefit. Regarding Hydrocodone 5/500mg, documentation does not identify that there has been screening for aberrant behavior. Documentation does not identify opioids are resulting in significant functional benefit or analgesic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 500mg Tube (30-Day Supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Topical Analgesics

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

Decision rationale: The California MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, in the present case, there is no documentation that the patient has an arthritic component to her pain. In addition, there is no documentation that the patient cannot tolerate oral medications to justify the need for a topical formulation. Therefore, the request for Voltaren Gel 1%, 500mg Tube (30-Day Supply) is not medically necessary.

Alprazolam 0.25mg #40 (30-Day Supply): Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, in the present case, there is no documentation regarding the use of alprazolam in this patient. It is unclear how long she has been taking this medication, and guidelines do not support the long-term use of benzodiazepines. Therefore, the request for Alprazolam 0.25mg #40 (30-Day Supply) is not medically necessary.

Tizanidine 4mg #90 (30-Day Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy

appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the records reviewed, this patient has been on Tizanidine since at least 10/1/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Tizanidine 4mg #90 (30-Day Supply) is not medically necessary.

Hydrocodone 5/500mg #60 (30-Day Supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone 5/500mg #60 (30-Day Supply) is not medically necessary.