

Case Number:	CM14-0175759		
Date Assigned:	10/28/2014	Date of Injury:	05/06/2008
Decision Date:	12/08/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a 56 year old woman who was injured at work on 5/6/2008. She sustained head pain and low back pain that radiated down both legs, rated as 8/10. According to the latest clinical note attached from Sept 3, 2014, the worker recently tripped and fell on tiles in the kitchen which aggravated her existing neck and back pain. She complains of neck pain radiating down both arms, posterior head pain, and low back pain which radiates down both legs. She uses Norco, Valium and compounded non-steroidal anti-inflammatory drugs (NSAID) creams. An exam is noted for use of a lumbar support brace, slowed gait, occipital tenderness, cervical tenderness, limited cervical range of motion, and lumbar tenderness with limited lumbar range of motion. A urine drug screen on July 9, 2014 was consistent with her prescribed medication and did not reveal use of any illicit medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 mg #30: 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: Per the Medical Treatment Utilization Schedule (MTUS), benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. This worker has been on this benzodiazepine for long-term use and medical necessity has not been shown for continuing this treatment. The request is not medically necessary.

Flector patches 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14), Diclofenac, Topical (Flector, Pennsaid, Voltaren Gel)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector® patch (diclofenac epolamine)

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS), topical non-steroidal anti-inflammatory drugs (NSAIDs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The indications are 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 non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. They are not indicated for neuropathic pain, as there is no evidence to support use. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Diclofenac epolamine transdermal patch (Flector patch) is a non-steroidal anti-inflammatory drug (NSAID) indicated for the topical treatment of acute pain due to minor strains, sprains, and contusions. Official Disability Guidelines (ODG) does not recommend Flector patch as a first line option and there is no data that substantiate Flector patch efficacy beyond two weeks. This worker has chronic musculoskeletal pain and has been using topical Voltaren in the form of a patch for several months. It is recommended for short-term use only per Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG); therefore it is not medically necessary.