

<b>Case Number:</b>	CM14-0049028		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 49 year old female with a date of injury on 3/7/2007. The patient is being treated for shoulder sprain with impingement syndrome, right lateral epicondylitis, and overuse syndrome with synovitis and tenosynovitis of the upper extremities. Subjective complaints are of continued neck and shoulder pain, and pain in the right hand. Physical exam shows decreased cervical, shoulder, and wrist range of motion, tenderness over the paravertebral and trapezial muscles, bilateral shoulder tenderness, and bilateral wrist tenderness. Patient had a normal motor, reflex, and sensory exam. Medications include Doral, naproxen, hydrocodone, and a topical ointment. Medications are noted to reduce symptoms by 60%. Prior treatment has included cervical fusion, home exercise program, medications, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone/APAP) 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation does not show increased functional ability or pain relief specific to this opioid medication. Furthermore, documentation is not present of California Medical Treatment Utilization Schedule (MTUS) opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the medical necessity of Norco is not established at this time.

**Valium (diazepam) 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401, Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. Therefore, the request for diazepam is not medically necessary.

**Flurbi 25% - Menth 10%- Camph 3%-Cap 0.0375% topical cream, 30gm:** Upheld

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

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

**Decision rationale:** Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. California Medical Treatment Utilization Schedule (MTUS) indicates that topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the

anatomical area for it to be applied. Therefore, the medical necessity of this topical cream is not established.

**Follow up visit with spinal surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7, PAGE 127; Official Disability Guidelines (ODG) PAIN, OFFICE VISITS.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, there is continuing pain in the neck and the patient is status post cervical fusion. Therefore, the request for a follow up appointment with a spinal surgeon is appropriate and medically necessary.

**Doral (unspecified strength and quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain (Chronic), Benzodiazepines.

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

**Decision rationale:** The Official Disability Guidelines (ODG) indicates that benzodiazepines for insomnia are only recommended for short-term use due to risk of tolerance, dependence, and adverse event. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. This patient has been utilizing Doral chronically, which exceeds guideline recommendations. Therefore, the medical necessity for Doral is not established.

**Naproxen (unspecified strength and quantity):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-68.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) recommends non-steroidal anti-inflammatory drugs (NSAIDS) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, the requested Naproxen is medically necessary.