

<b>Case Number:</b>	CM14-0074171		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/24/1997
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Med and Rehabilitation 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:

The injured worker is a 61-year-old female who sustained cumulative trauma injuries from 1971 to October 24, 1997 while employed under the [REDACTED] - [REDACTED]. She was diagnosed with impingement syndrome of the bilateral shoulders, bilateral rotator cuff syndrome, and De Quervain's tenosynovitis of the right wrist. Progress reports from November 11, 2013 through January 17, 2014 were reviewed and noted the injured worker's complaints of continued pain to the bilateral shoulders. She reported difficulty sleeping due to pain and complaints of numbness and tingling sensation in the left hand. Her medication regimen includes Xanax, naproxen, diazepam, hydrocodone, Colace, omeprazole, and compound topical medication (flurbiprofen / menthol/ capsaicin). Right shoulder ranges of motion showed abduction and flexion of 80 degrees with tenderness. Left shoulder ranges of motion showed flexion and abduction of 160 degrees with tenderness. Bilateral wrist exam demonstrated effusion, tenderness, and limited ranges of motion. Upper extremity examination showed normal findings for motor, reflex, and sensory tests. She was instructed to continue medication use and home exercises. Urine drug screen dated January 17, 2014 confirmed findings of acetaminophen, barbiturates, and tricyclics which were consistent with prescribed medications. Progress reports March 14, 2014, April 11, 2014 and May 9, 2014 described complaints of significant pain to the bilateral shoulders, right side greater than the left. Arm movement aggravated the pain. The injured worker reported she just had a viral infection and indicated additional complaints of general achiness. Medication utility and examination findings remain unchanged. Urine drug screen dated May 14, 2014 indicated consistent results of nordazepam, temazepam, oxazepam, and acetaminophen. Inconsistent results of hydrocodone, norhydrocodone, tramadol, and desmethyl tramadol, were indicated as "not expected with prescribed medication. The most recent progress report on June 6, 2014 indicated that she reported constant and severe pain to her

left shoulders, as well as numbness and tingling sensation to her left hand. Medication regimen includes Xanax, naproxen, diazepam, hydrocodone 10 mg, omeprazole, and compound topical cream. However, it should be noted that the progress report June 6, 2014 submitted for review was incomplete and had missing pages.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ALPRAZOLAM ER 1MG #60;: Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that alprazolam or Xanax, a benzodiazepine, is not recommended for long-term use for pain, depression, anxiety, anti-convulsion, muscle relaxation, etc. The guidelines limit the use of this medication for four weeks. In this case, the submitted records indicate that the injured worker has been taking Xanax since November 11, 2013. Review of medical records found no compelling rationale that accompanied the request for authorization to make a variance, particularly why two benzodiazepines are being prescribed. Additionally, there is no evidence that the injured worker derived prior benefit or functional improvement through prior usage such as decrease in pain on a visual analog scale and increased functionality. Therefore, it can be concluded that the medical necessity of alprazolam extended release 1mg #60 is not medically necessary.

**DIAZEPAM 10MG #240;: Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that diazepam, classified as a benzodiazepine, is not recommended for long-term use for pain, depression, anxiety, anti-convulsion, muscle relaxation, etc. The guidelines limit the use of this medication for four weeks. In this case, the submitted records indicate that the injured worker has been taking diazepam since last least November 11, 2013. Review of medical records found no compelling rationale that accompanied the request for authorization to make a variance, particularly why two benzodiazepines are being prescribed. Additionally, there is no evidence that the injured worker derived prior benefit or functional improvement through prior usage such as decrease in pain on a visual analog scale and increased functionality. Therefore, it can be concluded that the medical necessity of diazepam 10mg #60 is not medically necessary at this time.

**HYDRO/APAP 10/325MG #240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids, criteria for use, , Opioids, long-term assessment, , Opioids, specific drug list Page(s): 76-80, 88-89, 91.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines have provisions for opioids, but require certain criteria for ongoing monitoring. The criteria include documentation available for review of 4 A's: adverse effects, activities of daily living, monitoring of aberrant behaviors, and analgesic efficacy. As per guideline, the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation for the clinical use of opioid medication. In this case, the urine drug screens for opioid medication have been submitted. However, review of medical records submitted do not indicate any evidence that the injured worker derived prior benefit or functional improvement through prior usage such as decrease in pain on a visual analog scale and increased functionality. Further, the injured worker has been taking this medication since at least November 11, 2013. Guidelines indicate that opioid therapy for pain control should not exceed a period of two weeks and should be reserved for moderate to severe pain. Failure to respond to a limited course of opioids suggests reassessment and consideration of alternative therapy. Therefore, it can be concluded that the medical necessity of hydro/APAP 10/325mg #240 is not medically necessary.

**NAPROXEN 550MG #60:: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of Naprosyn (naproxen) for patients with osteoarthritis and/or acute/chronic back pain and should be used for short term (2 to 4 weeks) for symptomatic relief and at the lowest dose possible. In this case, the submitted records indicate that the injured worker has been taking Naproxen since November 11, 2013. Additionally, there is a lack of evidence of any significant objective functional improvement of pain relief to support the ongoing use of naproxen. Physical examination from November 11, 2013 through May 9, 2014 showed unchanged physical examination findings. Therefore, it can be concluded that the medical necessity of naproxen 550 mg #60 is not medically necessary.

**OMEPRAZOLE 20MG #60:: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of omeprazole when the patient is taking non-selective non-steroidal anti-inflammatory drugs with a risk of side effects such as bleeding ulcers, and perforation. The medical records submitted do not provide a history and/or complaints of peptic ulcers, or other gastrointestinal events. The medical records also do not address any current side effects as a result of the injured worker's prescribed medication schedule and regimen. Non-steroidal anti-inflammatory drug use with Naproxen was deemed not medically necessary; as such, therapy with proton pump inhibitors is not indicated. Therefore, it can be concluded that the medical necessity of omeprazole 20mg #60 is not medically necessary.

**DOCUSATE SODIUM 100MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): ) 76-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend laxatives such as docusate as part of prophylactic treatment of constipation in patients using opioids chronically. Although the injured worker's medication schedule includes use of opioids and non-steroidal anti-inflammatory drugs, there is no specific evidence of history and/or complaints of side effects of constipation, either stand alone or the result of medication usage. Using Docusate in the absence of any documented symptoms of constipation is not indicated. Therefore, it can be concluded that the medical necessity of docusate 100mg #60 is not medically necessary at this time.

**30GM FLURBIPROFEN 25%-MENTHOL 10%-CAMPHOR 3%-CAPSAICIN 0.0375% TOPICAL COMPOUND:** 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): 111-112.

**Decision rationale:** When one ingredient in a compound carries an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation. Further, they are only recommended when trials of anti-depressants and anti-convulsants have failed. Topical non-steroidal anti-inflammatory drugs such as flurbiprofen are recommended for

knee, elbow, or other joints amenable to topical treatment for osteoarthritis. The guidelines do not specifically address menthol. Capsaicin is indicated by the guidelines as recommended only as an option in patients who have not responded or are intolerant to first-line analgesics. In this case, the injured worker has been prescribed this topical compound medication since November 11, 2013 along with Xanax, naproxen, diazepam, and hydrocodone. There was no evidence in the medical records submitted that would suggest intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical agents and/or topical compounds. Further, the medical records submitted failed to indicate any evidence of efficacy of this medication to support its continued use. There is also no clear evidence in the records that suggests the injured worker is suffering from neuropathic pain. Therefore, it can be concluded that the medical necessity of the 30gm flurbiprofen 25%-menthol 10%-camphor 3%-capsaicin 0.0375% topical compound is not medically necessary.