

<b>Case Number:</b>	CM14-0079797		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/30/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 male who was injured on 12/30/2010. The injured worker complained of continuous pain in the neck and back. The pain is worse with activities. The pain radiates to both upper and lower extremities. The pain is associated with numbness and tingling sensations in both hands. The examination is positive for pain and spasms in the neck and paravertebral areas of the trapezius; tenderness and of the lumbar paravertebral areas. The injured worker has been diagnosed of Cervical Radiculitis; Cervical Radiculopathy; Lumbar Radiculopathy; Chronic pain other. The Injured worker is reported to have been on treatment with Docusate Sodium 100mg tablet, Diclofenac Sodium XR 10mg; Hydrocodone/APAP 7.5/325 mg. On 12/19/2013 a pain specialist stated he has failed conservative treatment (including drug treatment, activity modifications, physical therapy), and he was therefore recommended for epidural steroid injection. At dispute is the refill of the above medications and for Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin .0375% 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium XR 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory drugs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain (Chronic)), (Diclofenac)).

**Decision rationale:** The records revealed the injured worker has been on this medication as far back as 2013. The records also revealed a previous utilization reviewer advised that this medication be discontinued since it is an N-Drug. The recommendation to discontinue it is in line with both the MTUS and the ODG: the MTUS recommends the Non-steroidal drugs for a short period for the treatment of moderate to severe osteoarthritis of the knee, and hip; but recommend them as second line agents after acetaminophen in the treatment of chronic back pain. Within the NSAIDs, Diclofenac is regarded as a second line agent; therefore it is classified as an "N" drug by the Official Disability Guidelines, meaning it needs authorization review due to its side effects. There is no medical justification for the continued use of this drug considering it has been in use for as far back as 10/2013 and there has been no substantial benefit; besides it is an "N" drug, and there are safer NSAIDs available.

**Hydrocodone/APAP 7.5/325mg #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): 79-80.

**Decision rationale:** The MTUS recommends continuing opioids if the patient has returned to work, if the patient has improved functioning and pain. The MTUS also recommends discontinuing opioids if there is no overall improvement in function. Since there is no documented evidence that the injured worker is benefiting from this medications, there is need to discontinue it as it is not medically necessary.

**Ducosate Sodium 100mg tablet #60:** 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** The MTUS recommends initiating prophylactic treatment of constipation in an individual on treatment with opioids. However, since there is no medical necessity for the continued use of opioids, there is no need to continue the use of docusate sodium (a stool softener used in treating constipation); unless the worker develops constipation after the opioid has been withdrawn.

**Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin .0375% 30grma:** 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:** The topical analgesics are experimental drugs used in the treatment of neuropathic pain that has failed treatment with antidepressants and anticonvulsants. The MTUS recommends against use of any formulation that contains a non-recommended agent. The drug contains camphor, and menthol, non-recommended agents, therefore it is not medically necessary and appropriate.