

<b>Case Number:</b>	CM14-0082695		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury on 03/07/2007. The mechanism of injury was not provided. On 06/30/2014, the injured worker presented with pain in the cervical spine, bilateral shoulders, and bilateral wrists. Examination of the cervical spine noted tenderness and spasm over the paravertebral and trapezius musculature. Flexion and extension range of motion were 20 degrees. Examination of the bilateral shoulders measured 170 degrees of flexion and abduction, and tenderness to palpation. There was tenderness to palpation of the bilateral wrists, with flexion and extension at 55 degrees. There was normal motor, reflex, and sensation for the upper extremities. The diagnoses were bilateral trapezial shoulder sprain with impingement syndrome, lateral epicondylitis of the right elbow, and overuse syndrome with synovitis and tenosynovitis of the upper extremities. Current medications included Doral, naproxen, diazepam, hydrocodone 10, flurbiprofen, menthol, capsaicin ointment. The provider recommended diazepam, quazepam, hydrocodone, flurbiprofen, capsaicin, camphor cream, and naproxen sodium. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Valium since at least 10/04/2013, which exceeds the guideline recommendation for short-term therapy. There is lack of efficacy of that medication documented to support continued use, and the frequency was not provided in the request that was submitted. Therefore, based on the documents provided, the request is not medically necessary.

**Quazepam (Doral) 15mg #30:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Doral since at least 10/04/2013, which exceeds the guideline recommendation for short-term therapy. There is lack of efficacy of that medication documented to support continued use, and the frequency was not provided in the request that was submitted. Therefore, based on the documents provided, the request is not medically necessary.

**Hydrocodone/APAP (Norco) 10/325mg #120:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opiates for on-going management of chronic pain. The guidelines recommend on-going review and documentation of pain relief, functional status, improvement medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk of aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 10/04/2013, the efficacy of the medication has not been provided. As such, the request is not medically necessary.

**Flurbiprofen 25%/ Capsaicin 0.0375%/ Camphor 3%/ Menthol 10% topical cream 30gm tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials that determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound or product that contained at least 1 drug that is not recommended is then not recommended. The guidelines note that Capsaicin is recommended for injured workers who are intolerant to or unresponsive to other medications. There is lack of documentation that the injured worker is unresponsive to or intolerant of other medications to warrant the use of Capsaicin. There is lack of evidence of a failed trial of an antidepressant or anticonvulsants. Additionally, the provider's request does not indicate the site of the topical cream is intended for, the quantity, or the frequency of the use in the request submitted. As such, the request is not medically necessary.

**Naproxen Sodium (Anaprox) 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip, and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose with the shortest period of use. Acetaminophen may be considered for additional therapy for injured workers with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors, and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs as an option for short-term symptomatic pain relief. The injured worker has been prescribed naproxen sodium since at least 10/04/2013; however the efficacy of the medication was not provided. As such, the request is not medically necessary.