

Case Number:	CM14-0096041		
Date Assigned:	08/08/2014	Date of Injury:	10/07/1983
Decision Date:	09/30/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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, Pain Medicine 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 30-year-old female with a reported date of injury on 10/07/1983. The mechanism of injury was noted to be from cumulative trauma. Her diagnoses were noted to include status post right carpal tunnel release with residuals, status post right radial tunnel release, status post left carpal tunnel release with residuals, status post left radial tunnel release, right lateral epicondylitis, right cubital tunnel neuritis to the ulnar nerve, right bilateral De Quervain's disease, bilateral epicondylitis, and left thumb tendinitis without triggering. Her previous treatments were noted to include surgery and medications. The progress note dated 03/19/2014 revealed complaints of increased pain with activities of daily living. The physical examination of the shoulder revealed decreased range of motion, and positive impingement syndrome. The physical examination of the right thumb revealed positive crepitus. The physical examination of the lumbar spine revealed positive straight leg raise and decreased sciatica. The Request for Authorization Form was not submitted within the medical records. The request was for a Flector patch 1.3% #60, diclofenac topical gel 1% 100 gm, tizanidine hydrochloride 4 mg #60, temazepam 50 mg #30, butalbital/acetaminophen/caffeine #60 (dosage not specified), promethazine 25 mg #60, and Senna laxative 8.6 mg #100; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #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 (Chronic), Flector patches (diclofenac epolamine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Flector patch.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. The Official Disability Guidelines do not recommend Flector patch as a first line treatment. The topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. The efficacy of clinical trials for topical NSAIDs have been inconsistent most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. In addition, there was no data substantiates Flector efficacy beyond 2 weeks. There is a lack of documentation regarding efficacy of this medication. The guidelines state topical NSAIDs have been shown to diminish efficacy after the first 2 weeks and the injured worker has been on this medication for at least 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Diclofenac topical gel 1% 100gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least (1 drug or drug class) that is not recommended is not recommended. The guidelines also indicate that topical NSAIDs have been shown in meta-analysis to be superior to a placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Medications may be useful in chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The indications for topical NSAIDs are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical

treatment. Topical analgesics are recommended for short term use 4 to 12 weeks and there is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder. There was no evidence to support use in neuropathic pain. The FDA approved topical NSAID is Voltaren gel 1% 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. There is a lack of diagnosis consistent with osteoarthritis to warrant diclofenac topical gel 1%. There is a lack of documentation regarding efficacy of this medication and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Tizanidine HCL 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement as well as efficacy. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Temazepam 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia.

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

Decision rationale: The injured worker has been utilizing this medication since at 09/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiologic dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There is lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Butalb/Acet/Caff #60 (dosage not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Barbiturate-containing analgesic agents.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. The Official Disability Guidelines do not recommend barbiturate containing analgesics for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constitutes. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. The guidelines do not recommend barbiturates containing analgesic agents such as Fioricet and there is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the dosage and frequency of this medication at which it is to be utilized. Therefore, the request is not medically necessary.

Promethazine 25mg #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 (chronic), Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics.

Decision rationale: The injured worker complained of abdominal upset. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The guidelines state nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Promethazine is recommended as a sedative in antiemetic in preoperative and postoperative situations. There is lack of documentation regarding the injured worker in a preoperative or postoperative situation with nausea and vomiting to warrant promethazine. The guidelines do not recommend promethazine except for preoperative and postoperative situations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Senna Laxative 8.6mg #100: 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 (Chronic), Criteria for use of opioids.

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

Decision rationale: The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend that when initiating opioid therapy, that prophylactic treatment of constipation should be initiated. There is a lack of documentation regarding the injured worker utilizing opioids to warrant a laxative. Additionally, there is a lack of documentation regarding efficacy and improved functional status of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.