

Case Number:	CM15-0103522		
Date Assigned:	06/08/2015	Date of Injury:	09/17/2010
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 56-year-old male who sustained an industrial injury to the cervical spinal cord on 09/17/2010 due to a fall. Diagnoses include C5 tetraplegia; spasticity; musculoskeletal and neuropathic pain; status post C2, C6 and T3 fractures secondary to work-related injury; status post surgery for right ring finger and little claw deformity; status post anterior cervical discectomy and fusion; neurogenic bowel; neurogenic bladder, status post interstim implant and obstructive sleep apnea syndrome. Treatment to date has included medications, hand surgeries, home health care, epidural steroid injections, facet nerve blocks, cervical fusion, intravesical Botox injections, trial of a Baclofen pump and physical therapy. According to the progress notes dated 3/12/15 the IW reported pain in the upper, mid and lower back as well as the bilateral lower extremities. He also reported severe pain and spasms and lower extremity weakness that caused him to fear falling. On examination he had contractures of the hands. He was seated in a wheelchair. The provider did not perform a comprehensive exam due to the IW's distress and limited function. The IW stated his pain is reduced and his function is improved by his medications. A request was made for Voltaren 1% gel, #5, with three refills, Dilaudid 4mg tablet 1 tab every 5 hours as needed, #15 and Diazepam 5mg tablet every bedtime, #30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaran 1% gel #5 3 refills: 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 Section Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). This drug has not been evaluated for treatment of the spine. The request for Voltaren 1% gel #5 3 refills is not medically necessary.

Dilaudid 4 mg 1 tab every 5 hours PRN #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The available records indicate pain relief and functional improvement from the use of Dilaudid; however, the physician has prescribed Exalgo ER 12mg in an attempt to wean the injured worker off of Dilaudid. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Dilaudid 4 mg 1 tab every 5 hours PRN #150 is not medically necessary.

Diazepam 5 mg #30 with 3 refills: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The injured worker had been taking Diazepam for an extended period and there is no documentation of trial with an antidepressant. The request for Diazepam 5 mg #30 with 3 refills is not medically necessary.