

Case Number:	CM15-0146382		
Date Assigned:	08/07/2015	Date of Injury:	06/11/1995
Decision Date:	09/21/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/28/2015

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: Emergency 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 is a 55 year old female who sustained an industrial injury on 6-11-95. This was her second industrial injury in her medical history, the first occurring in March of 1990. Her industrial injuries were the result of an animal attack. Her initial injuries were "severe injuries of the neck, low back, and left shoulder". She underwent a laminectomy of the L3-S1 spine. A second surgery was a cervical fusion of the C5-6, then, most recently in May 2012, C6-C7. She has had intermittent cervical injections and is followed by ongoing pain management. She also sees a psychiatrist. The injured worker has a history of an allergic reaction with most medications and has been ordered Benadryl, which has been effective in preventing adverse effects, according to the PR-2 dated 2-24-15. She has a history of intermittent flare-ups of itching with her medications and uses Zonalan cream with noted effectiveness. She underwent a revision of anterior cervical discectomy and fusion with hardware replacement of C6-7 on 1-9-15. She has experienced post-operative spasms, which are "severe" in intensity. She was given narcotic analgesics due to delays or denials in two other medications for spasms. The injured worker reported that, in the past, Soma has been the most effective for post-operative spasms. She has also been treated with a spinal cord stimulator. However, the PR-2 indicates that the battery life is "coming to an end" with this equipment. She has had "a severe increase in pain". Treatment recommendations included immediate SCS generator replacements "x 2" for daily pain management. She was also to continue with current medications that included Oxycodone, Dilaudid, Soma, Tizanidine, Robaxin, Gabapentin, Cymbalta, Zofran, Nabumetone, Prilosec, Senokot, Zonalan cream, Diphenhydramine, BCFKL cream, Flector patches, Voltaren gel, and Lorazepam. In March 2015, the Tizanidine was discontinued, as the injured worker could no

longer afford to pay out of pocket for the medication. She was re-started on Soma. The physician documented that if medication was needed for long-term use, an attempt would be made to transition her to a "safer" medication. Other treatment modalities, such as modification of activities, stretching, massage, physical therapy, ice, moist heat, and stress management were discussed. Her pain medications were noted to have been "significantly tapered". Her diagnoses include unspecified idiopathic peripheral neuropathy, pain in joint involving specified sites, status-post SCS implant, facet arthropathy; cervical, degenerative disc disease of cervical and lumbar spine, cervicgia, brachial neuritis or radiculitis, displacement cervical intervertebral disc without myelopathy. One SCS generator was replaced on 3-16-15. The second was scheduled, per office note, for replacement on 4-2-15, however, the operative note indicated that this was completed on 4-6-15. During the July 2015 visit, the injured worker reported increased neck pain, specifically on the left side, as well as headache pain. She also reported severe abdominal and mid back muscle spasms, which she contributed to the SCS leads. She was referred to the medical equipment vendor, however, was having difficulty getting in contact with them. She underwent a corticosteroid injection of the left shoulder on 6-18-15, but was awaiting authorization for a CT of the left shoulder. The Soma was discontinued and she was re-started on Tizanidine at some point between March and July 2015. Current treatment plan is to continue medications, continue with the psychiatrist, continue with orthopedic care, continue with conservative measures, such as stretching exercises, request left shoulder CT to rule out internal derangement, and appeal denied medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Voltaren 1% gel 100gm, #3 tubes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Voltaren Gel (Diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Chronic use is not indicated and patient's pain is mostly spine therefore is not medically necessary.

Diphenhydramine HCL (hydrochloride) 50mg, #60 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress: Diphenhydramine (Benadryl).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines strongly recommend against chronic use of anticholinergic medications like benadryl due to significant increase risk of dementia. Patient's rash and itch is not properly correlated to medication use. The provider has no actually provided information to support "allergies" to medications or if patient just has eczema or a multitude of other rashes. If patient actually has an allergy to a medication, the medication should be discontinued. Continued use even if taking an antihistamine will not prevent anaphylaxis or severe life threatening allergic reactions. Chronic use of diphenhydramine is not medically necessary,

Topical Zonalon 5% cream, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Federal Drug Administration).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e3a51eb8-cb8b-498f-bf3e-e464cc4acdca>.

Decision rationale: There is no information concerning Zonalon in MTUS guidelines or Official Disability Guidelines. As per FDA drug label, Zonalon can be used for topical itching for certain skin diseases. It is not recommended for more than 8 day use. Patient has been using this chronically and it is unclear how patient's rash is related to patient's claimed injury. Zonalon is not medically necessary.

Promethazine HCL (hydrochloride) 25mg, #90 with 3 refills: Upheld

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

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

Decision rationale: There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Promethazine is an anti-nausea medication. As per Official Disability Guide(ODG), anti emetics should only be used for short term nausea associated with opioids. Long-term use is not recommended. It is unclear if the provider or patient has any insight into the significant long-term side effects of this medication including tardive dyskinesia. The number of tablets and refills are not consistent with short-term use. Promethazine is not medically necessary.

Tizanidine HCL (hydrochloride) 4mg tablets, #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex(Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is documentation of muscle spasms. However, patient has been on this medication chronically and the number of tablets requested is not appropriate. Tizanidine is not medically necessary.