

Case Number:	CM15-0196186		
Date Assigned:	10/09/2015	Date of Injury:	09/21/1999
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 59 year old male, who sustained an industrial injury on 8-21-1999. The injured worker is undergoing treatment for: carpal tunnel, arthropathy, cervical spondylosis without myelopathy, and lumbosacral spondylosis without myelopathy, cervical disc disease, lumbar disc disease, and lateral epicondylitis, enthesopathy of hip region, and shoulder and upper arm injury. On 8-27-15, he reported "multiple areas of pain, including his low back and down both lower extremities". He indicated the left upper neck and back of the head to be improved after intra-articular facet injections in March 2015. He also reported right shoulder pain, and midthoracic region pain and tenderness. Physical examination revealed tenderness in the low back muscles, sciatic notch and ischial tuberosity, no gross motor or sensory deficits are noted and he was reported as able to heel and toe walk. The neck is noted to have tenderness. A narcotics agreement is discussed in this documentation. Soma is noted to be switched to Flexeril on this date. The provider noted that there is a 30 percent reduction of pain with the current medication regimen and functional benefits include assistance with activities of daily living. The records do not discuss his current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included: medications, back brace, lumbar magnetic resonance imaging (dates unclear), facet injections (March 2015), right shoulder surgery (date unclear). Medications have included: clonazepam, Norco, omeprazole, soma and Voltaren 1 percent gel. The records indicate he has utilized Norco, Soma, Omeprazole and Voltaren 1 percent gel since at least March 2015,

possibly longer. Current work status: is reported as remaining unchanged. The request for authorization is for: 5 Norco 10-325mg, quantity 120, zero refills; Klonopin quantity 60, zero refills; Voltaren gel 1 percent quantity 100, zero refills; Omeprazole DR 20mg quantity 60; and Cyclobenzaprine 7.5mg quantity 120, refills not specified. The UR dated 9-22-2015: non-certified Voltaren gel 1 percent quantity 100, zero refills; and Omeprazole DR 20mg quantity 60, number of refills not specified; and modified certification of Norco 10-325mg quantity 60, zero refills; and Klonopin quantity 30, zero refills; and Cyclobenzaprine 7.5mg quantity 60, number of refills not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Klonopin #60 (unspecified strength): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Clonazepam (Klonopin) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Clonazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that supports the long-term use of benzodiazepines. In this case, there was no documentation of the indication and duration of use. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Voltaren gel 1% 2gms #100, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS guidelines, Voltaren (Diclofenac) gel is a topical non-steroidal anti-inflammatory drug (NSAID) used for the treatment of osteoarthritis and tendonitis, in particular, knee and elbow joints that are amenable to topical treatment. There is little evidence that supports topical NSAIDs as a treatment option for spine and shoulder conditions. It may also be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The duration of effect is for a short-term use (4-12 weeks) with reported diminished effectiveness over time. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The only FDA-approved topical NSAIDs are Diclofenac formulations. All other topical NSAIDs are not FDA approved. In this case, the patient has used Voltaren 1% gel since at least March 2015. However, it is not clear where the Voltaren gel is being applied. Medical necessity for the requested topical gel has been not established. The requested 1% Voltaren gel is not medically necessary.

Omeprazole DR 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-

dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Cyclobenzaprine 7.5mg #120, refills not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. It is not recommended to be used for longer than 2-3 weeks. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, there is no documentation of muscle spasms on physical exam. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.