

Case Number:	CM14-0124071		
Date Assigned:	09/26/2014	Date of Injury:	11/01/2002
Decision Date:	10/29/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in 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 64 year-old female with a date of injury of 11/1/2002. The patient's industrially related diagnoses include cervical spine musculoligamentous sprain and rotator cuff status post rotator cuff repair, right shoulder. The disputed issues are prescriptions for Diazepam 10mg #60, Hydrocodone/APAP 10/325mg #60, Quazepam 15mg #30, and Flurbi/Menth/Camph/Cap topical cream. A utilization review determination on 7/21/2014 had non-certified these requests. The stated rationale for the denial of Diazepam and of Quazepam was "guidelines specifically state that benzodiazepines are not recommended and thus per guidelines they cannot be recommended. It is highly unusual to have a patient on more than one benzodiazepine." The stated rationale for the denial of Hydrocodone/APAP was "documentation does not offer much information with regards to the quantified benefit and the patient is not working. Given the long term risk of opioids the request is weaned due to insufficient documentation of benefits of this medication." The stated rationale for the denial of Flurbi/Menth/Camph/Cap topical cream was "since this compound contains menthol and menthol is not recommended the request cannot be approved according to the guidelines."

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines

Decision rationale: The California Medical Treatment and Utilization Schedule state the following regarding Diazepam (Valium) and benzodiazepines: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks" (Baillargeon, 2003) (Ashton, 2005). There is documentation from progress notes as early as 1/27/2014 of the use of Valium 10 mg for muscle spasms. Given the guidelines regarding a limited time course of benzodiazepines, this request for Diazepam 10 mg #60 is not medically necessary. Benzodiazepines should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

Hydrocodone/APAP 10/325 mg #60: 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): 44, 47, 75-79, and 120.

Decision rationale: Hydrocodone/APAP 10/325 mg (Norco) is an opioid that is recommended for moderate to severe pain. With regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Within the documentation available for review, there was insufficient documentation that the prescribed opioid was improving the injured worker's function or pain. Although the healthcare provider documented in the progress note on 5/30/2014 that the medication helped to relieve the injured worker's pain and to function in her daily activities, there was no documentation of objective functional improvement and percent reduction in pain or reduced NRS with the use of Hydrocodone/APAP. While evaluation for aberrant behavior was addressed with urine drug screens, adverse side effects were not addressed. As such, there is no clear indication for ongoing use of the medication. The guidelines recommend that if there is no improvement in function, opioids should be discontinued. Given the lack of documentation, the request for Hydrocodone/APAP 10/325 mg (Norco) #60 is not medically necessary.

Quazepam 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines

Decision rationale: The California Medical Treatment and Utilization Schedule state the following regarding Quazepam and benzodiazepines: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks" (Baillargeon, 2003) (Ashton, 2005). There is documentation from progress notes as early as 1/27/2014 of the use of Quazepam 15 mg for insomnia. Given the guidelines regarding a limited time course of benzodiazepines, this request for Quazepam 15 mg #30 is not medically necessary. Benzodiazepines should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

Flurbi/Menth/Camph/Cap topical cream: 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): 111-113.

Decision rationale: Flurbi/Menth/Camph/Cap topical cream is a compounded medication consisting of Flurbiprofen 25%, Menthol 10%, Camphor 3%, and Capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines on page 111 state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. Regarding capsaicin, the guidelines state, "Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Given the guidelines, the capsaicin component of the compounded topical cream at 0.0375% concentration is felt to be experimental and not indicated for this injured worker's diagnoses. The Chronic Pain Medical Treatment Guidelines clearly state that there is no evidence to indicate that this increased dosage

would provide any further efficacy. Therefore, the request for Flurbi/Menth/Camph/Cap topical cream is not medically necessary.