

Case Number:	CM14-0164954		
Date Assigned:	10/10/2014	Date of Injury:	08/20/2003
Decision Date:	11/13/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, knee, and bilateral hand pain reportedly associated with an industrial injury of August 20, 2003. Thus far, the applicant has been treated with analgesic medications; anxiolytic medications; opioid therapy; and topical compounds. In a Utilization Review Report dated September 8, 2014, the claims administrator failed to approve requests for Diazepam, Cyclobenzaprine, Norco, Colace, and a topical Flurbiprofen-containing cream. The applicant's attorney subsequently appealed. In a progress note dated February 7, 2014, the applicant reported multifocal neck, low back, and knee pain complaints. The applicant was using a cane to move about. The applicant also had paresthesias about the hands. The applicant was using Norco, Tramadol, Colace, Flexeril, Valium, and Flurbiprofen-containing topical compounds, it was noted. Medical transportation, home health assistance, multiple medications, and urine drug testing were endorsed while the applicant was kept off of work. On April 7, 2014, the applicant was again described as "unable to return to work." The applicant was reportedly using Norco, Tramadol, Colace, Soma, Valium, and a Flurbiprofen-containing topical compound at issue as of that point in time, it was acknowledged. On June 20, 2014, the applicant again reported persistent complaints of neck pain, knee pain, and bilateral hand paresthesias. The applicant was again described as "unable to return to work." Multiple medications were renewed, including Norco, Colace, Soma, Valium, and a Flurbiprofen-containing topical compound. Transportation to and from appointments along with home health assistance were sought to assist with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #120: Upheld

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

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Diazepam are not recommended for chronic or long-term use purposes. In this case, the applicant appears to have been using Diazepam or Valium for what appears to be a span of several months. No rationale for selection and/or ongoing usage of the same in face of the unfavorable MTUS position was proffered by the attending provider. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic, topical compound, and anxiolytic medications. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Hydrocodone APAP 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been off of work for what appears to be a span of several months to several years. The attending provider, furthermore, has failed to outline any material improvements in function or quantifiable decrements in pain

achieved as a result of ongoing Hydrocodone-Acetaminophen usage. Therefore, the request is not medically necessary.

Docusate sodium 150mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. In this case, the applicant is using hydrocodone-acetaminophen, an opioid agent. Adding docusate for any issues with constipation which might arise is recommended. Therefore, the request is medically necessary

30gm Flurbiprofen 3 day supply: 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.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the Flurbiprofen-containing compound at issue are considered "largely experimental," to be employed for neuropathic pain when trials of antidepressants and/or anticonvulsants fail. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the Flurbiprofen-containing compound at issue. Therefore, the request is not medically necessary.

120 gm Flurbiprofen 30 day supply: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the Flurbiprofen-containing compound at issue are deemed "largely experimental." In this case, the applicant has already received the Flurbiprofen-containing compound at issue, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement

through ongoing usage of the same. The applicant remains off of work. Ongoing usage of the Flurbiprofen-containing topical compound has failed to curtail the applicant's dependence on opioids agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.