

Case Number:	CM14-0213163		
Date Assigned:	12/30/2014	Date of Injury:	07/15/1998
Decision Date:	02/27/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 45-year-old female presenting with a work-related injury on July 15, 1990. On December 4, 2014 the patient complained of pain in the neck and right upper extremity as well as a history of headaches and depression. The physical exam revealed spasm of the bilateral cervical paraspinal muscles and upper trapezius muscles. The patient was diagnosed with ulnar neuropathy at the elbow, carpal tunnel syndrome, chronic neck pain with flare, chronic pain syndrome with depression, complex regional pain syndrome. The patient's medications included Methadone, Cyclobenzaprine, Diazepam and Voltaren Gel. A claim was placed for multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: 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 Cyclobenzaprine Page(s): 43.

Decision rationale: Cyclobenzaprine 10mg is not medically necessary. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed without clear limitations of usage and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

Diazepam 10mg #60: Upheld

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

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

Decision rationale: Diazepam 10mg #60 is not medically necessary for long term use but given this medication is a Benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. CA MTUS page 24, states that "Benzodiazepines are 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. They're ranging actions include sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic Benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore the requested medication is not medically necessary.

Voltaren gel #300g: 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 Page(s): 111-112.

Decision rationale: Voltaren Gel #300g is not medically necessary. According to California MTUS, 2009, chronic pain, page 111, California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111, states that topical analgesics such as Diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The limitation of use

was not specified in the medical records. Additionally, there was not documentation of a contraindication to oral NSAID use; therefore topical patch is not medically necessary.