

<b>Case Number:</b>	CM15-0003929		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	12/31/2006
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 59 year old male who sustained a work related injury on December 31, 2006, after lifting multiple heavy tools, resulting in a thoracic muscle tear at his mid back. Treatment included pulmonology and thoracic surgery consultations, therapy and pain medications. Computed Tomography (CT) scans, Magnetic Resonance Imaging (MRI), x rays and electromyogram were performed. Currently, on June 2, 2014, the injured worker complained of severe low back pain. He was able to ambulate and transfer without any assistive device. Treatments included pain medications, analgesic topical cream, muscle relaxants and acupuncture. On December 24, 2014, Utilization Review non certified a prescription request of Flector 1.3% transdermal 12 hour patch 2-3 times daily quantity: 60 prescribed December 18, 2014 and Diazepam 5 milligrams twice daily quantity: 60 prescribed December 18, 2014, noting the CA MTUS and the ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% transdermal patch #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector 1.3% transdermal patch #60 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector is indicated for acute strains, sprains and contusions. In this case, the injured worker's working diagnoses are rupture of muscle; thoracic back sprain; and chronic back pain. Subjectively, the injured worker complains of pain throughout his body. He was unable to tolerate Tizanidine. The VAS pain scale is 10/10. Objectively, the thoracic and lumbar paraspinal region has "hypertonic muscles". Movements are limited. Flector patch was started December 18, 2014. Flector is indicated for acute sprains, acute strains and contusions. The injured worker's date of injury is December 31, 2006. The injured worker is in the chronic phase of the injury and there was no documentation of acute sprain, acute strain or contusion. There is no clinical indication/rationale in the medical record for Flector 1.3% transdermal patch. Nucynta was discontinued and Flector patch was started. Consequently, absent clinical indications/rationale for the Flector 1.3% transdermal patch, Flector 1.3% transdermal patch #60 is not medically necessary.

**Diazepam 5mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diazepam 5 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are rupture of muscle; thoracic back sprain; and chronic back pain. Subjectively, the injured worker complains of pain throughout his body. He was unable to tolerate Tizanidine. The VAS pain scale is 10/10. Objectively, the thoracic and lumbar paraspinal region has "hypertonic muscles". Movements are limited. Medications include diazepam 5 mg, Flector 1.3% transdermal patch, hydrocodone 7.5 mg/ibuprofen 200 mg, Tizanidine 4 mg and Trolamine salicylate. There is no clinical rationale in the medical record for Diazepam. Additionally, Diazepam is not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The treating physician requested Diazepam 5 mg po bid #60. The requested quantity (#60) is a one-month

supply. The requested quantity #60 is in excess of the recommended guidelines. Consequently, absent compelling clinical documentation to support the use of Diazepam 5 mg #60 in contravention of the recommended guidelines (not recommended longer than two weeks), Diazepam 5 mg #60 is not medically necessary.