

Case Number:	CM15-0175665		
Date Assigned:	09/16/2015	Date of Injury:	04/30/2013
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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

Certification(s)/Specialty: Emergency 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 was a 41 year old male, who sustained an industrial injury, April 30, 2013. The injury was sustained from a slip and fall coming down some stairs. According to progress note of April 6, 2015, the injured worker's chief complaint was achy, dull, sharp, burning, throbbing sensation on that was rated at 4-6 out of 10. The pain was frequent and constant and was aggravated by carrying things, exercise, lifting, pushing, and stress. The injured worker had numbness, tingling and weakness in the forearms, wrists and fingers. The injured worker had moderate difficulty with activities of daily living. The physical exam noted trigger points palpated in the splenius capitis region, upper and lower trapezius region and sternocleidomastoid area bilaterally. The sensory examination in the upper extremities demonstrated paresthasias with sharp touch in digits 1-3 bilaterally. The deep tendon reflexes were 2 out of 4 in the biceps, triceps and brachioradialis. The injured worker had chronic persistent pain condition, Motrin, Advil and other over the counter medications had not been helpful or effective for the injured worker and there was nothing else that can treat the injured worker's chronic pain. According to the progress note of May 21, 2015, the injured worker's pain was rated at 5-6 out of 10. The pain was usually worse in the morning and evening time, particularly with going to bed. The injured worker was undergoing treatment for cervicobrachial syndrome, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral bicipital tenosynovitis and bilateral rotator cuff bursitis syndrome. The injured worker previously received the following treatments physical therapy, EMG (electrodiagnostic studies) of the bilateral upper extremities which showed left C6 radiculopathy and right C5-C6 radiculopathy on May 27, 2015; Tramadol ER 150mg, Valium 5mg at hour of sleep since April 2015, Norco 10-325mg since February of 2015, Flector patches since May of 2015 and psychological evaluation. The RFA (request for authorization) dated July

23, 2015; the following treatments were requested prescriptions for Norco 5-325mg, Flector Patches 1.3% and Valium 5mg. The UR (utilization review board) denied certification on August 5, 2015: for the prescription for Norco 5-325mg was Modified to 45 tablets due to weaning of opioid medications. The Flector patches the documentation submitted for review failed to support achievement of activity level, absence of side effects absence of drug seeking behavior and analgesia; Diazepam 5mg was modified due to weaning process for benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Norco 5/325mg #45, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker's chief complaint was achy, dull, sharp, burning, throbbing sensation on that was rated at 4-6 out of 10. The pain was frequent and constant and was aggravated by carrying things, exercise, lifting, pushing, and stress. The injured worker had numbness, tingling and weakness in the forearms, wrists and fingers. The injured worker had moderate difficulty with activities of daily living. The physical exam noted trigger points palpated in the splenius capitis region, upper and lower trapezius region and sternocleidomastoid area bilaterally. The sensory examination in the upper extremities demonstrated paresthesias with sharp touch in digits 1-3 bilaterally. The deep tendon reflexes were 2 out of 4 in the biceps, triceps and brachioradialis. The injured worker had chronic persistent pain condition, Motrin, Advil and other over the counter medications had not been helpful or effective for the injured worker and there was nothing else that can treat the injured worker's chronic pain. According to the progress note of May 21, 2015, the injured worker's pain was rated at 5-6 out of 10. The pain was usually worse in the morning and evening time, particularly with going to bed. The injured worker was undergoing treatment for cervicobrachial syndrome, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral bicipital tenosynovitis and bilateral rotator cuff bursitis syndrome. The injured worker previously received the following treatments physical therapy, EMG (electrodiagnostic studies) of the bilateral upper extremities which showed left C6 radiculopathy and right C5-C6 radiculopathy on May 27, 2015; Tramadol ER 150mg, Valium 5mg at hour of sleep since April 2015, Norco 10-325mg since February of 2015, Flector patches since May of 2015 and psychological evaluation. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg #45 is not medically necessary.

Flector Patch 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain Chapter, Flector patch.

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

Decision rationale: The requested Flector Patch 1.3% #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker's chief complaint was achy, dull, sharp, burning, throbbing sensation on that was rated at 4-6 out of 10. The pain was frequent and constant and was aggravated by carrying things, exercise, lifting, pushing, and stress. The injured worker had numbness, tingling and weakness in the forearms, wrists and fingers. The injured worker had moderate difficulty with activities of daily living. The physical exam noted trigger points palpated in the splenius capitis region, upper and lower trapezius region and sternocleidomastoid area bilaterally. The sensory examination in the upper extremities demonstrated paresthesias with sharp touch in digits 1-3 bilaterally. The deep tendon reflexes were 2 out of 4 in the biceps, triceps and brachioradialis. The injured worker had chronic persistent pain condition, Motrin, Advil and other over the counter medications had not been helpful or effective for the injured worker and there was nothing else that can treat the injured worker's chronic pain. According to the progress note of May 21, 2015, the injured worker's pain was rated at 5-6 out of 10. The pain was usually worse in the morning and evening time, particularly with going to bed. The injured worker was undergoing treatment for cervicobrachial syndrome, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral bicipital tenosynovitis and bilateral rotator cuff bursitis syndrome. The injured worker previously received the following treatments physical therapy, EMG (electrodiagnostic studies) of the bilateral upper extremities which showed left C6 radiculopathy and right C5-C6 radiculopathy on May 27, 2015; Tramadol ER 150mg, Valium 5mg at hour of sleep since April 2015, Norco 10-325mg since February of 2015, Flector patches since May of 2015 and psychological evaluation. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flector Patch 1.3% #60 is not medically necessary.

Diazepam 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Diazepam 5mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker's chief complaint was achy, dull, sharp, burning, throbbing sensation on that was rated at 4-6 out of 10. The pain was frequent and constant and was aggravated by carrying things, exercise, lifting, pushing, and stress. The injured worker had numbness, tingling and weakness in the forearms, wrists and fingers. The injured worker had moderate difficulty with activities of daily living. The physical exam noted trigger points

palpated in the splenius capitis region, upper and lower trapezius region and sternocleidomastoid area bilaterally. The sensory examination in the upper extremities demonstrated paresthesias with sharp touch in digits 1-3 bilaterally. The deep tendon reflexes were 2 out of 4 in the biceps, triceps and brachioradialis. The injured worker had chronic persistent pain condition, Motrin, Advil and other over the counter medications had not been helpful or effective for the injured worker and there was nothing else that can treat the injured worker's chronic pain. According to the progress note of May 21, 2015, the injured worker's pain was rated at 5-6 out of 10. The pain was usually worse in the morning and evening time, particularly with going to bed. The injured worker was undergoing treatment for cervicobrachial syndrome, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral bicipital tenosynovitis and bilateral rotator cuff bursitis syndrome. The injured worker previously received the following treatments physical therapy, EMG (electrodiagnostic studies) of the bilateral upper extremities which showed left C6 radiculopathy and right C5-C6 radiculopathy on May 27, 2015; Tramadol ER 150mg, Valium 5mg at hour of sleep since April 2015, Norco 10-325mg since February of 2015, Flector patches since May of 2015 and psychological evaluation. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Diazepam 5mg #30 is not medically necessary.