

Case Number:	CM15-0024282		
Date Assigned:	02/13/2015	Date of Injury:	01/22/2012
Decision Date:	05/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 45 year old male who sustained an industrial injury on 1/22/12. He has reported initial complaints of head, neck, back and bilateral hand injuries after slipping and falling. The diagnoses have included cervical spine sprain/strain with myospasms, status post lumbar fusion, lumbar radiculopathy, head contusion and tension headaches. Treatment to date has included medications, diagnostics, surgery, epidural steroid injection (ESI), activity modifications, acupuncture, chiropractic, pain management, and Functional Capacity Evaluation (FCE). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine and electromyography (EMG) and nerve conduction velocity studies (NCV) of the bilateral lower extremities. Currently, as per the physician progress note dated 11/20/14, the injured worker complains of neck pain that radiates to the head and causes headaches accompanied by burning sensations. He also reports constant low back pain that radiates to the buttocks and right leg and rated 1-3/10 on pain scale unchanged from previous visit. He states that the pain is relieved with medications and rest. Physical exam of the cervical spine revealed tenderness, spasm and decreased range of motion. The lumbar spine exam revealed tenderness, spasm, decreased range of motion, positive sitting root test and decreased sensation to light touch over the right calf. The previous therapy sessions were not noted. The physician requested treatments included Diazepam 5mg quantity 30 and Transdermal compound ketoprofen 15%/ diclofenac 5%/ lidocaine 5%/ baclofen 2% 240gm and Diazepam 5mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 68, 111-113.

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: 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). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason, the request is not medically necessary.

Transdermal compound ketoprofen 15%/ diclofenac 5%/ lidocaine 5%/ baclofen 2% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 24, 68, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.