

Case Number:	CM15-0061572		
Date Assigned:	04/07/2015	Date of Injury:	01/04/2008
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/01/2015

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 65 year old female, who sustained an industrial injury on 1/4/08. She reported neck, thoracic and bilateral shoulder injury. The injured worker was diagnosed as having neck sprain/strain, bilateral shoulder adhesive capsulitis and reactive depression. Treatment to date has included physical therapy, occupational therapy, oral medications and topical medications. Currently, the injured worker complains of aching, burning, deep increasing bilateral shoulder pain and constant aching, sharp, stabbing back and cervical pain with numbness of bilateral arms. The injured worker noted substantial benefit from medications. It is noted she is on the lowest possible dosage of medications. Physical exam noted decreased range of motion of bilateral shoulders with tenderness along acromioclavicular joint and pain and spasm along the paraspinal area of the cervical spine with radiation to both shoulders. The treatment plan consisted of continuation of oral medications and topical medications including Alprazolam, Diclofenac cream, Lidoderm patch, Temazepam, Vicodin and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Alprazolam 0.5mg 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 reactive depression and anxiety; adhesive capsulitis left; cervical and thoracic myofascial sprain/strain, adhesive capsulitis, rotator cuff tears and impingement syndrome; cervicgia; bilateral upper extremity numbness/tingling; bilateral shoulder pain. Alprazolam was first prescribed in a February 25, 2014 progress note. The directions were one tablet 2 to 3 times daily as needed. Alprazolam is not recommended for long-term use (longer than two weeks). The treating physician exceeded the recommended guidelines. According to a March 9, 2015 progress note, the injured worker present for follow-up of bilateral shoulder pain 9/10 on the VAS pain scale; thoracic pain 9/10; cervical pain 9/10. There is no clinical indication or rationale for the ongoing use of alprazolam. Additionally, the treating physician prescribed a second benzodiazepine, Temazepam, to be taken at bedtime for sleep. There was no quantity documented in the medical record. Consequently, absent compelling clinical documentation for the continued use of Alprazolam 0.5 mg in excess of the recommended guidelines not recommended for long-term use, Alprazolam 0.5 mg is not medically necessary.

Temazepam 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril (Temazepam) 15 mg 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. The Official Disability Guidelines do not recommend Restoril. In this case, the injured worker's working diagnoses are reactive depression and anxiety; adhesive capsulitis left; cervical and thoracic myofascial sprain/strain, adhesive capsulitis, rotator cuff tears and impingement syndrome; cervicgia; bilateral upper extremity numbness/tingling; bilateral shoulder pain. The Official Disability Guidelines do not recommend Temazepam. Temazepam was first prescribed in a progress note dated January 14, 2013. Generally, benzodiazepines are not recommended for long-term use (longer than two

weeks). The treating physician exceeded the recommended guidelines by continuing Temazepam in excess of two years. There is no clinical indication or rationale for exceeding the recommended guidelines. There is no quantity for Temazepam documented medical record. Constantly, absent compelling clinical documentation for the continued use of Temazepam in excess of the recommended guidelines (not to exceed two weeks) while the treating physician continued its use greater than two years, Temazepam 15 mg is not necessary.

Compound ointment: Diclofenac 3%/Baclofen 2%/Cyclobenzaprine 2%/Lidocaine 2%:
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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, and Lidocaine 2% (in topical form) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Topical baclofen is not recommended. Topical cyclobenzaprine is not medically necessary. In this case, the injured worker's working diagnoses are reactive depression and anxiety; adhesive capsulitis left; cervical and thoracic myoligamentous sprain/strain, adhesive capsulitis, rotator cuff tears and impingement syndrome; cervicgia; bilateral upper extremity numbness/tingling; bilateral shoulder pain. The topical compound cream was first noted in a progress note dated March 9, 2015. The injured worker uses Lidoderm 5%, Voltaren gel 1%, Vicodin 5 mg, Cymbalta, alprazolam and temazepam. Topical baclofen is not recommended. Topical cyclobenzaprine is not recommended. Topical lidocaine in non-Lidoderm form is not recommended. Diclofenac is recommended for relief of osteoarthritis pain in a joint that lends itself to topical treatment. There is no documentation of osteoarthritis pain in this injured worker. Any compounded product that contains at least one drug (topical baclofen, topical cyclobenzaprine, and topical diclofenac) that is not recommended is not recommended. Consequently, diclofenac 3%, baclofen 2%, cyclobenzaprine 2%, and lidocaine 2% (in topical form) is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, and Lidocaine 2% (in topical form) is not medically necessary.