

Case Number:	CM15-0064552		
Date Assigned:	04/10/2015	Date of Injury:	12/31/2006
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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: Preventive Medicine, Occupational 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 58-year-old male, who sustained an industrial injury on December 31, 2006. He reported a back injury. The injured worker was diagnosed as having chronic back pain, rupture of muscle, and thoracic back sprain. Comorbid conditions include Obesity (BMI 34.2). Treatment to date has included an MRI, back injections, acupuncture, a transcutaneous electrical nerve stimulation (TENS) unit, a back brace, and medications including short-acting and long acting opioid/pain, muscle relaxant, anti-epilepsy. On February 3, 2015, the injured worker complains of continued, significant back pain, which is described as aching, throbbing, shooting, stabbing, burning, and exhausting, nagging, numb, and miserable. His pain is usually 10/10. His transcutaneous electrical nerve stimulation (TENS) unit helps but there is no description of the effectiveness of neither his opioid medication nor his muscle relaxant. He is waiting authorization for a new lumbar support as his prophylactic back brace no longer functions. The physical exam revealed multiple trigger points in the trapezius, infraspinatus, thoracic and lumbar paraspinal muscles, and the quadratus lumborum. There was a positive jump sign and a palpable cord. He can only ambulate with a cane. The treatment plan includes a benzodiazepine for muscle spasms and stopping the long acting opioid. The requested treatments are a benzodiazepine, topical non-steroidal anti-inflammatory, and opioid/non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 02/03/15) Hydrocodone 7.5mg-Ibuprofen 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); Opioids Page(s): 60-1, 67-74 and 74-96.

Decision rationale: Vicoprofen is a mixed medication made up of the opioid, hydrocodone, and the Non-Steroidal Anti-Inflammatory drug (NSAID), ibuprofen. It is recommended for moderate to moderately severe pain with usual dosing of 7.5 mg Hydrocodone per 200 mg of Ibuprofen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 5 tablets per day for less than 10 days. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. This is the crux of the decision to use opioid medications in the treatment of this patient. The provider does not note any the improvement in pain control or function nor a return to work attributed to the use of opioid preparations. Additionally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and has a number of recommendations required for providers to document safe use of these medications. Although the care for this patient does documentation recent urine drug testing the results show inconsistent use of alcohol which should not be used while on chronic opioid therapy. This suggests chronic use of opioid medications may not be safe for this patient. Considering all the above information, medical necessity for continued use of this medication has not been established.

Retrospective (DOS: 02/03/15) Diazepam 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 15 Stress Related Conditions Page(s): Chapter 2 page 25; Chapter 15 page 388 and 402, Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants (for pain); Weaning of Medications Page(s): 24, 63-6 and 124.

Decision rationale: Sedative-Hypnotic, Anxiolytic, Anticonvulsant and Muscle Relaxant long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy and does not recommend its use at all as a muscle relaxant due to the patient's rapid development of tolerance and dependence. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This

patient has been using muscle relaxant medications continuously for over 6 months. Muscle relaxant therapy is not indicated for long-term daily use. Use of benzodiazepines with opioid preparations is also not indicated as the combination can lower the lethal dose of opioids and can lead to death. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe weaning. Medical necessity for use of Muscle Relaxants (as a class) and Diazepam (specifically) has not been established.

Retrospective (DOS: 02/03/15) Flector 1.3% transdermal 12 hour patch #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Diclofenac (topical), Flector patch.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (Anti-inflammatory medications); Topical Analgesics Page(s): 22, 67-74 and 111-113. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sportsmed. 2013 May; 41(2): pages 64-74.

Decision rationale: Diclofenac Topical Patch (Flector Patch) is a non-steroidal anti-inflammatory (NSAID) medication indicated for topical treatment of acute pain due to minor strains, sprains & bruises. MTUS describes use of topical analgesics to be most effective for the initial 2-12 weeks of treatment but even in that short period of time prolonged use shows diminishing effectiveness. There are no long-term studies available to assess their continuous use in patients with chronic pain. Although most topical analgesics are recommended for treatment of neuropathic pain, topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with a muscle / tendon related problem so treatment with a NSAID medication should be considered an option. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. As there are no contraindications for use of this preparation and the patient is not taking an oral NSAID nor has other analgesic medications been approved for use, medical necessity for use of Flector Patches has been established.