

Case Number:	CM13-0010262		
Date Assigned:	04/23/2014	Date of Injury:	04/05/2004
Decision Date:	06/10/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male who was injured on 4/5/2004. The diagnoses listed are low back pain, degenerative disc disease of the lumbar spine and myofascial pain syndrome. There are associated diagnoses of polyneuropathy, depression, neurogenic bladder and bowel incontinence. The past treatment consisted of the use of a cane, cushion, activity modifications, PT and medication management. On 3/2/2014, [REDACTED] documented that the patient reported increase in ADL and activities. The physical examination was significant for paraspinal muscle tenderness. The medications listed are Cyclobenzaprine for muscle spasm, Tramdex cream for pain, Protonix for gastrointestinal symptoms and valium. The indication for Valium and length of treatment was not specified. There is documentation of treatment with Cymbalta, Lidoderm and Gabapentin but the current status was not specified. A Utilization Review decision was rendered on 7/31/2013 recommending non certification for Valium, Cyclobenzaprine 7.5mg, Protonix 20mg and Tramdex cream without Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: The California MTUS addressed the use of sedatives and hypnotics in the treatment of anxiety and insomnia associated with chronic pain. The chronic use of sedatives and hypnotics is associated with the development of tolerance, dependency, habituation, addiction and adverse interaction with narcotic medications. The ODG recommends that the use of benzodiazepines be limited to 4-6 weeks. Valium is a benzodiazepine that can be used for the short term treatment of insomnia and anxiety. It can also be used as an anticonvulsant and as a muscle relaxant. The record did not specify the indications for the use of Valium or the duration of treatment. The record did not show that the patient is undergoing effective treatment of the depression and neuropathic pain.

TRAMDEX CREAM WITHOUT LIDOCAINE: Upheld

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

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

Decision rationale: The California MTUS addressed the use of topical analgesics for the treatment of chronic pain. Topical analgesic preparations can be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The record does not indicate that the patient had failed treatment with these medications. The guideline does not recommend medications that lack FDA approved indications. There are no available data to show that the active components of compound Tramdex cream without Lidocaine has established beneficial effects or FDA approved indications in the treatment of musculoskeletal pain.

CYCLOBENZAPRINE 7.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that only non sedating muscle relaxants be used as second-line option for the short term treatment of acute exacerbation of symptoms that are non responsive to standard treatment including NSAIDs, physical therapy and exercise. The short term course of treatment should be limited to 2-3 weeks to minimize the risk of dependency, habituation, sedation and addiction associated with chronic use of muscle relaxants. The available record did not specify the indications or the duration of treatment with Cyclobenzaprine.

PROTONIX 20 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71.

Decision rationale: The California MTUS addressed the use of proton pump inhibitors for the prevention of gastrointestinal complications. The chronic use of NSAID can be associated with gastrointestinal, renal and cardiovascular complications. The incidence of these complications are increased in patients who are more than 65 years old and have a history of peptic ulcer disease or GI bleed. The guideline recommend that the use of NSAIDs be limited to the lowest effective dose for the shortest period. There is no documentation that the patient have intermediate or high risk factors for the development of severe gastrointestinal complications during NSAID use. The record does not show that the patient is currently utilizing NSAIDs medications for chronic pain treatment.