

Case Number:	CM13-0016446		
Date Assigned:	11/06/2013	Date of Injury:	12/06/2002
Decision Date:	01/14/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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:

Per medical records reviewed, patient is a 60 year old female working as a [REDACTED]. Patient reported injuring her lower back on 12/6/2002 while at work. Patient has been under the care of orthopedic surgeon, [REDACTED]. On July 12, 2013, [REDACTED] reported that patient complained of increased back and leg pain. Per [REDACTED], medical examination revealed lumbar paraspinal muscle tenderness, muscle spasm, with limited range of motion. [REDACTED] also reported that patient can flex to 45 degrees and extend to 15 degrees. The hamstrings are tight bilaterally. Lower extremity reflexes are +2, bilateral and symmetrical. Patient was diagnosed with lumbar disc injury and was given an intramuscular injection of Toradol that she tolerated well, per [REDACTED]. Medications prescribed: Zolpidem 10mg, Hydrocodone 10/325mg, Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, one q8hr, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Guidelines..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicine Plus, a web based offering of national Library of Medicine and National Institute of Health..

Decision rationale: The Physician Reviewer's decision rationale: MTUS is moot on Zolpidem treatment. However, according to Medline Plus, Zolpidem is used to treat insomnia (difficulty falling asleep or staying asleep) and it belongs to a class of medications called sedative-hypnotics. It works by slowing activity in the brain to allow sleep. Zolpidem should normally be taken for short periods of time (less than two weeks). If zolpidem is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication. Therefore, the request for Zolpidem 10mg one q8hrs #30 is not medically necessary and appropriate.

Tramadol 50mg, 1 q6-8hrs, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Opioids Page(s): 111-113; 76-80 and 91-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84 and 92.

Decision rationale: The Physician Reviewer's decision rationale: According to Chronic Pain Medical Treatment Guidelines, page 84, section regarding the use of Tramadol states: "A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007)". The guideline further states in page 92 of 127 that "opioid analgesics and tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs". Therefore, the request for the prescription of Tramadol 50mg #60 every 6 to 8 hours is medically necessary and appropriate.

Xoten-C lotion 0.002%/10%/20%, 120ml: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111-113.

Decision rationale: The Physician Reviewer's decision rationale: XOTEN-C- is topical analgesics with the following active ingredients: Methyl salicylate 20%; Menthol USP 10%;

Capsaicin 0.002% used relief of mild pain due to muscular strain, arthritis, and simple back pain. It is recommended for temporary relief of pain. According to Chronic Pain Medical Treatment Guideline, MTUS (Effective July 18, 2009) pages 28, 111 to 113, the use of topical analgesics is largely experimental 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, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, β 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Although MTUS made no mention of Menthol as a recommended topical analgesic, however literature search of Journal of Pharmacology and Experimental Therapeutics Published on September 5, 2012 revealed that Menthol is one of the most commonly used chemicals in our daily life, not only because of its fresh flavor and cooling feeling but also because of its medical benefit. Previous studies have suggested that menthol produces analgesic action in acute and neuropathic pain through peripheral mechanisms. However, the central actions and mechanisms of menthol remain unclear. Recent studies report that menthol has direct effects on the spinal cord. Menthol decreased both ipsilateral and contralateral pain hypersensitivity induced by complete Freund's adjuvant in a dose dependent manner. Menthol also reduced both first and second phases of formalin-induced spontaneous nocifensive behavior. Therefore the request for Xoten-C lotion 0.002%/10%/20%, 120ml is medically necessary and appropriate.