

Case Number:	CM13-0023511		
Date Assigned:	12/11/2013	Date of Injury:	08/08/1975
Decision Date:	02/26/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational Medicine 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:

The applicant has filed the claim for chronic low back pain, chronic pain syndrome, opioid dependence, and sleep disturbance reportedly associated with an industrial injury of August 8, 1975. Thus far, the applicant has been treated with the following: Analgesic medications, including short-acting opioids; adjuvant medications; topical agents; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; and earlier lumbar laminectomy surgery. In a utilization review report of August 30, 2013, the claims administrator seemingly denied request for Amrix, Flector, Lidoderm patches, Norco, Ambien, and Prilosec, while approving Neurontin, Desyrel, and Naprosyn. The overall utilization review decision was somewhat difficult to follow. Prilosec was denied on the grounds that reportedly he had no GI complaints. The claims administrator seemingly denied Norco on the grounds that the applicant should be able to suffice with non-opioid agents. The applicant's attorney subsequently appealed. A clinical progress note of October 17, 2013, was notable for comments that the applicant reported persistent low back pain radiating to the bilateral lower extremities. The applicant stated that he was walking on a daily basis and also continues to exercises and stretch on a daily basis despite issues with mood disturbance. The applicant stated that his medications were enabling him to function. The applicant stated that he was worried about authorization issues with his claims administrator. The applicant stated that his sleep was improved through usage of Desyrel and pain medications. The applicant was on Norco six times daily, Amrix one times at night, Neurontin, Naprosyn, Desyrel, and Prilosec. The applicant stated that he was using Prilosec for medication related GI irritation. The applicant reported that his pain scores dropped from 10/10 to 6/10 with medication and further noted usage of the medications allowed him to perform home exercises, stretches, move around, ambulate, carry

groceries, and participate in family activities. A variety of medications was renewed. The applicant was 61 years old as of the date of the progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix ER 15 mg, take 1 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 46, 56-57, 63-64, 68, 79-81, 111-112, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Amrix (cyclobenzaprine) is not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Flector 1.3% Patches, apply 2-3 patches to affected area 12 hours on and 12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation FDA: Flector Patch

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

Decision rationale: The request for Flector patches are likewise not medically necessary, medically appropriate, or indicated here. Flector is a derivative of topical diclofenac (Voltaren). As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, however, topical diclofenac or Voltaren is indicated in the treatment of small joint arthritis, which lends itself toward topical application, such as arthritis of the knees, ankles, feet, hands, fingers, elbows, etc. In this case, however, the applicant has chronic low back pain. The applicant's widespread low back pain does not appear to be an issue amenable to the topical application. Therefore, the request is not medically necessary.

Lidoderm 5% Patches (700mg/patch) apply 2-3 patches to affected area 12 hours on and 12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-67.

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

Decision rationale: The request for Lidoderm patches is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm patches are indicated in the treatment of neuropathic pain or localized peripheral pain in applicants in whom a trial of first-line therapy with antidepressants and/or anticonvulsants has been attempted. In this case, however, there has been no evidence of a trial of antidepressants and/or anticonvulsants have been tried and/or failed. The applicant appears to be using at least one anticonvulsant medication, Neurontin, and one antidepressant medication, Desyrel, without any reported difficulty, effectively obviating the need for the Lidoderm patches. Therefore, the request is not medically necessary, for all the stated reasons.

Norco (Hydrocodone/acetaminophen) 10/325mg, take 1 table every 4 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco, an opioid conversely, is medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, the attending provider has established the presence of improved performance of activities of daily living, including increased ability to interact with family members, move about, ambulate, do home exercises, stretch, etc., as a result of ongoing opioid therapy. Similarly, the applicant's pain scores have dropped from 10/10 to 6/10 with ongoing Norco therapy. Thus, on balance, two to three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met, although it acknowledged that the applicant does not appear to have returned to work. Nevertheless, on balance, continuing Norco does appear to be indicated. Therefore, the request is medically necessary.

Ambien (Zolpidem) 10mg, take 1 tablet at bedtime (qhs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment and FDA: Ambien (<http://www.drugs.com/pro/ambien.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem

Decision rationale: The request for Ambien, conversely, is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter zolpidem topic, zolpidem or Ambien is indicated in the short-term treatment of insomnia, tepidly on the order of the two to six weeks. Zolpidem or Ambien is not indicated in the chronic, long-term, and/or scheduled use purposes for which it is being proposed here. Therefore, the request is not medically necessary.

Prilosec (Omeprazole) DR 20mg, 1 twice a day (BID): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation FDA(Omeprazole) <http://www.drugs.com/pro/omeprazole.html>.

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

Decision rationale: The request for Prilosec, proton-pump inhibitors is medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton-pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider has seemingly posited that the applicant has developed dyspepsia with usage of variety of NSAID and non-NSAID medications. There are continuing reports of dyspepsia made on several progress notes, referenced above. Ongoing usage of Prilosec to combat the same is indicated and appropriate. Therefore, the request is medically necessary.