MAXIMUS Federal Services

Case Number:	CM13-0026548		
Date Assigned:	11/22/2013	Date of Injury:	09/21/2011
Decision Date:	07/25/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation 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 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 injured worker is a 65-year-old female with a reported date of injury on 09/21/2011. The mechanism of injury was noted to be a fall out of the company van. Her diagnoses were noted to include cervical/thoracic/lumbar/sprain/strain, bilateral shoulder/elbow/knee sprain/strain, left ankle sprain/strain, grade 1 spondylitic listhesis, and disc herniation between L5 and S1. Her previous treatments were noted to include physical therapy, epidural injections, and medications. The progress report dated 07/29/2013 reported the injured worker complained of constant low back pain, which referred to the left lower extremity. The physical examination revealed muscle spasming and tenderness to palpation about the upper trapezius and cervical compression was negative as well as the Spurling's test. Her cervical spine had a diminished range of motion and deep tendon reflexes were normal and sensation was normal to light touch. The shoulder range of motion was noted to be diminished and there was tenderness to palpation along the acromioclavicular joint on the right and the drop arm test was positive. The elbows and forearms noted tenderness to palpation to the olecranon process, and Tinel's sign was negative, and there was decreased range of motion noted to the elbows. The examination of the thoracolumbar spine and lower extremities was noted to have a decreased range of motion and tenderness to palpation about the thoracic and lumbar paravertebral muscles. Sensation and motor power were normal bilaterally, and a positive straight leg raise test was noted. The request for authorization form was not submitted within the medical records. The request is for transdermal amitramodol ultra cream 180gm with 1 refill, Toprophan 1 gm #30 with 1 refill, Flexeril 7.5 mg #60 with 1 refill, and Ambien 5 mg #30 with 1 refill; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSDERMAL AMITRAMODOL ULTRA CREAM 180GM WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Transdermal Amitramodol ultra cream 180 gm with 1 refill is not medically necessary. The Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines also state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is a lack of documentation regarding the injured worker's inability to take oral medications to necessitate the need for amitriptyline/tramadol to be used transdermally as well as the Guidelines state topical analgesics are largely experimental. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Transdermal Amitramodol ultra cream 180 gm with 1 refill is not medically necessary.

TOPROPHAN 1 G #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Toprophan 1 g #30 with 1 refill is not medically necessary. Toprophan is consistent of vitamin B6, L-tryptophan, chamomile, valerian extract, melatonin, inositol, and other ingredients. The Official Disability Guidelines recommend medical foods if it meets the following criteria: the product must be a food for oral or tube feeding, the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and the product must be used under medical supervision. The Guidelines state 5-hydroxytryptophan is a supplement found to be possibly effective the treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. It has been found to be effective for depression. In alternative medicine, it has been used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches, and various pain disorders. The provider's rationale was not provided for the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Toprophan 1 g #30 with 1 refill is not medically necessary.

FLEXERIL 7.5MG #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Flexeril 7.5 mg #60 with 1 refill is not medically necessary. The injured worker has been taking this medication since at least 08/2013. The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs and pain in overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The Guidelines recommend Flexeril for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to a tricyclic antidepressant. The injured worker has been utilizing this medication for over 6 months and the Guidelines recommend a short-term use of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Flexeril 7.5 mg #60 with 1 refill is not medically necessary.

AMBIEN 5MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Ambien).

Decision rationale: The request for Ambien 5 mg #30 with 1 refill is not medically necessary. The injured worker has been taking this medication since at least 2012. The Official Disability Guidelines state zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern they may increase pain and depression over the long term. The injured worker has been taking this medication for over 6 months and the Guidelines do not recommend a long-term utilization of this medication. Additionally, the request failed to provide the frequency at which this

medication is to be utilized. Therefore, the request for Ambien 5 mg #30 with 1 refill is not medically necessary.