MAXIMUS Federal Services

Case Number:	CM13-0026702		
Date Assigned:	11/22/2013	Date of Injury:	10/28/1997
Decision Date:	02/10/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/19/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 patient is a 46-year-old female who reported an injury on 10/28/1997. The patient was evaluated on 10/08/2013 for chronic lower extremity pain secondary to complex regional pain syndrome. The patient reported she had no acute changes to her pain condition. She did state that medications helped with pain and function, but that she also requires the use of a home health aide. The patient has a history of chronic musculoskeletal pain and has undergone multiple orthopedic surgeries on her right foot, multiple lumbar sympathetic blocks, spinal cord stimulator trials twice, and the implantation of a spinal cord stimulator, catheter implant in 2009. Objective findings noted the patient was well-developed, well-nourished, and in no cardio-respiratory distress. She currently takes several oral medications to help decrease her pain, as well as help control her depression. On the date of this exam, the physician also prescribed her "hydrocodonebit"/APAP 10/325 mg, a total of 30. The physician is now requesting Cyclobenzaprine 7.5 mg, a total of 90, hydrocodone/APAP 10/325 mg, a total of 240, diclofenac sodium 1.5% cream 60 grams, Ativan 2 mg, total of 15, and Ambien CR 12.5 mg, a total of 30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: 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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Under California MTUS, it states that Cyclobenzaprine is recommended as an option for a short term therapy for muscle spasms. It can be modestly effective in the management of back pain but comes at a price of greater adverse side effects. The greatest effect is in the first 4 days of treatment and is not recommended for longer than 2 weeks to 3 weeks. After reviewing the medical documentation, the patient has been noted as taking this medication since at least 06/2010, which far exceeds the recommended usage of Cyclobenzaprine. Furthermore, there are no subjective complaints or objective evidence pertaining to the patient having any muscle spasms or low back pain. Therefore, the medical necessity for the continued use of Cyclobenzaprine at 7.5 mg with a total of 90 cannot be established. As such, the requested service is non-certified.

Hydrocodone/APAP 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to California MTUS, hydrocodone is an opioid utilized for moderate to severe pain. However, it states that ongoing review of documented pain relief, functional status, appropriate medication use, and side effects is necessary during the use of opioids. It further states that weaning should occur if there is no overall improvement in function, if intolerable adverse effects or a decrease in functioning occur, or if there is a resolution of pain, serious non-adherence, or the patient requests discontinuing. In the case of this patient, the documentation does not provide a thorough overview of the effectiveness from the use of this medication. There is no improvement in the pain or functional status documented within the most recent clinical documentation. Therefore, due to the lack of documentation providing adequate objective measurements pertaining to the use of this medication, the continued use of hydrocodone/APAP at 10/325 mg with a total of 240 tablets is not appropriate at this time. Therefore, the medication will be certified with modification at hydrocodone/APAP 10/325 mg for a total of 180 tablets. The remaining 60 tablets are non-certified.

Diclofenac Sodium 1.5% cream 60gm #1: 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 Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: This medication is listed as a nonsteroidal anti-inflammatory agent, which the guidelines note may be useful for chronic musculoskeletal pain. However, there are no long term studies providing their efficacy or safety. Topical NSAIDs are not recommended for neuropathic pain, and diclofenac is FDA approved for the relief of osteoarthritis pain in joints that topical treatment can be applied to, such as in the areas of the ankle, elbow, foot, hand, knee, and the wrist. In the case of this patient, the continuation for the use of diclofenac sodium 1.5% cream is not clinically appropriate. As noted in the guidelines, topical NSAIDs are not recommended for neuropathic pain and diclofenac is FDA approved for osteoarthritis joints that lend themselves to topical treatment. Due to the patient's pain being diagnosed as neuropathic in nature, there is no evidence of osteoarthritis in any of her joints. Therefore, the medical necessity for the use of diclofenac sodium 1.5% cream 60 grams is non-certified.

Ativan 2mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Under California MTUS, benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks, as their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. This is due to tolerance of the hypnotic effects developing rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The patient has been noted to have been utilizing this medication since at least 07/2013. Therefore, at this time, the continuation of use cannot be considered medically appropriate as the guidelines do not recommend utilizing benzodiazepines for long term use. Therefore, the requested service for Ativan 2 mg with a total of 15 tablets is non-certified.

Ambien CR 12.5mg # 30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to Official Disability Guidelines, Ambien is a short acting hypnotic which is approved for the short term treatment of insomnia. Sleeping pills are often prescribed for use in chronic pain issues, but are rarely recommended for long term use. This is due to the habit forming which may impair function and memory and may also increase pain and depression if used long term. While regular release Ambien is indicated for 7 days to 10 days, the extended release Ambien CR has been found to be effective up to 24 weeks. Ambien CR

causes a greater frequency of dizziness, drowsiness, and headache compared to Ambien, and potentially dangerous concentrations of Ambien are found in the blood 8 hours after taking the extended release. In the case of this patient, continuation for the use of Ambien CR is not clinically appropriate. As noted in the documentation, the patient has been taking this medication since at least 07/2013 which exceeds guideline recommendations. Therefore, the prospective request for 1 prescription of Ambien CR 12.5 mg a total of 30 tablets with 3 refills is non-certified.