

Case Number:	CM13-0034908		
Date Assigned:	01/15/2014	Date of Injury:	03/01/1996
Decision Date:	03/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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, 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 patient is a 72-year old male who incurred a work related injury to his back on 03/01/1996 while he was rotating blade on bulldozer trying to remove pin from blade weighing 2 tons. As he was removing pin, he slightly lifted blade and felt sharp pain in low back. Treatment history includes physical therapy. Medication treatment include Soma, Percocet, morphine, Norco, 10/325 mg 1 p.o. (by mouth) q.6h prn #90, Neurontin, Crestor, Tricor, Protonix, Celebrex, Ambien, cyclobenzaprine, Flexeril 10 mg for spasm and Naprosyn. Surgical history positive for five lumbar surgeries, one right shoulder replacement, two right hip replacements, bilateral carpal tunnel release, and right elbow surgery. X-rays of left hip showed arthroplasty in place. X-rays of right hip showed total hip arthroplasty in place. Anteroposterior and lateral views of the thoracic spine dated 09/10/2013 showed mild degenerative changes. Four views of the lumbar spine dated 09/10/2013 showed prior surgical treatment. A clinic note dated 08/09/2012 from [REDACTED] indicates he expressed to the patient that she would no longer be prescribing narcotics to him. A clinic note dated 08/26/2013 from [REDACTED] documents the patient being prescribed gabapentin 600 mg, 1 p.o. tid (three times a day) prn (as needed), #120 for neuropathic pain and Zolpidem 10 mg 1 p.o. q.8h, #30. The clinic note dated 09/17/2013 from [REDACTED] documents the patient presented with complaints of persistent back, hip and leg pain. His symptoms wake him up at night. He stated he cannot live with that type of pain he is experiencing. It affects his activities of daily living. Objective findings on exam included paraspinal muscle tenderness. There was gibbus deformity of the superior aspect of his incision. Range of motion was limited. He was prescribed Xoten-C lotion 0.002%/10%/20%, 120 ml to be utilized as a topical agent to treat his pain. Authorization was requested for Xoten-C lotion, a thin layer applied 2-3 times a day and cyclobenzaprine 7.5 mg, 1 p.o. q.12h prn #60 based on medically reasonable treatment requirements. The clinic note dated

10/28/2013 reveals Trendelenburg gait was noted on the bilateral hips. He went through ghastly withdrawals when Ambien (zolpidem) were not refilled. He was taking three at night and feeling better. The clinic note dated 12/30/213 documents on objective findings a positive Tinel's sign, lumbar paraspinous muscle tenderness, muscle spasm and guarding. Straight leg maneuver was positive bilaterally. There was decreased sensation bilaterally at L5 dermatome. The current request is for Xoten-C Lotion 120 ml, Zolpidem 10 mg #30, and Gabapentin 600 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten-C Lotion 120ml: Upheld

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

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

Decision rationale: Xoten-C lotion contains capsaicin, menthol and methyl salicylate. As per MTUS chronic pain guidelines topical analgesics are largely experimental due to few randomized controlled trials to determine their efficacy and safety. This patient has chronic neuropathic pain. The MTUS guidelines indicate that use of capsaicin is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate there have been no studies of a 0.03375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. Guidelines indicate that methyl Salicylate is recommended for chronic pain. The MTUS guidelines do not discuss about use for menthol as topical analgesics and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Xoten-C Lotion 120ml is non-certified.

Zolpidem 10mg #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).

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 (Chronic), Zolpidem (Ambien).

Decision rationale: The CA MTUS guidelines do not have appropriateness of this medication and therefore Official Disability Guidelines (ODG) have been consulted. This patient was diagnosed with chronic pain syndrome. As per ODG, "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The provider has prescribed Zolpidem (Ambien) 10 mg #30 for his

difficulty falling asleep due to his chronic pain, however, the long-term use of more than 2-6 weeks is not recommended. Thus, the request is non-certified.

Gabapentin 600mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19,49.

Decision rationale: As per CA MTUS guidelines, the use of Gabapentin is recommended for neuropathic pain. This patient had several surgeries and still has persistent lower back and leg pain with functional limitations. The request for Gabapentin 600 mg #120 is appropriate and medically necessary. Thus, the request is certified.