

Case Number:	CM13-0037672		
Date Assigned:	12/18/2013	Date of Injury:	09/20/2000
Decision Date:	06/03/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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 patient is 62-year-old woman, who sustained a work-related injury on September 20, 2000. Subsequently, the patient developed chronic back pain radiating to the right lower extremity. The patient underwent a laminectomy the level of L4-L5 and L5-S1 on June 2001. According to a note dated on January 9, 2015, the patient physical examination demonstrated tenderness in the lumbar spine with reduced range of motion. According to a note dated on March 6, 2013, the patient still complain of lower back pain. The patient attempted to cut back on Norco, but developed severe withdrawal symptoms. Her physical examination demonstrated difficulty from sitting to standing and lumbar tenderness with reduced range of motion. The patient reported that the spinal cord stimulator is not effective for treating her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT DETOXIFICATION PROGRAM QTY: 7.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32, 102-103. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), DETOXIFICATION AND HOSPITAL LENGTH OF STAY (LOS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DETOXIFICATION Page(s): 42. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), DETOXIFICATION.

Decision rationale: The Chronic Pain Guidelines indicate that detoxification is recommended. The guidelines also indicate that detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. Detoxification may be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The Official Disability Guidelines indicate that detoxification is most commonly recommended when there is evidence of substance misuse or abuse, evidence that medication is not efficacious, or evidence of excessive complications related to use. There is no clear documentation for attempts for reduction of pain medications or outpatient detoxification. Furthermore, there is no clear documentation of effectiveness from the previous four (4) day certification. Therefore, the request for Inpatient Detoxification Program is not medically necessary.

FEXMID 7.5MG (DISPENSED DATE OF SERVICE: 08/22/2013) QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

Decision rationale: The Chronic Pain Guidelines indicate that non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. The request is not medically necessary.

DENDRACIN TOPICAL ANALGESIC CREAM (UNSPECIFIED STRENGTH AND QUANTITY - DISPENSED DATE OF SERVICE: 08/22/2013) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS Page(s): 106.

Decision rationale: Dendracin is formed by methyl salicylate, mentol and benzocaine. The Chronic Pain Guidelines indicate that salicylate topicals is recommended and is better than a placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There is no strong controlled studies supporting the efficacy of dendracin. Furthermore, it is not clear from the records that there were failed oral first line therapies, such as an anti-convulsant. The

records did not indicate that the patient developed unacceptable adverse reactions from the use of these medications. Therefore, Dendracin is not medically necessary.

AMBIEN CR 12.5MG QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE (ODG), TREATMENT IN WORKERS' COMPENSTAION (2012) (WWW.ODGTREATMENT.COM), WORK LOSS DATA INSTITUTE (WWW.WORKLOSSDATA.COM) (UPDATED 02/14/2012).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NON-BENZODIAZEPINE SEDATIVE-HYPNOTICS (BENZODIAZEPINE-RECEPTOR AGONISTS HTTP://WORKLOSSDATAINSTITUTE.VERIOIPONLY.COM/ODGTWC/PAIN.HTM).

Decision rationale: The Official Disability Guidelines indicate that non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. This class of medications includes zolpidem (Ambien® and Ambien® CR), zaleplon (Sonata®), and eszopicolone (Lunesta®). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the central nervous system (CNS). All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means that they have potential for abuse and dependency. There is no documentation that the patient is actually suffering from sleep problem. In addition, Ambien is not recommended for long term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien is not medically necessary.

URINE DRUG SCREEN (PERFORMED DATE OF SERVICE: 08/22/2013) QTY: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), OPIOIDS, DIFFERENTIATION: DEPENDENCE & ADDITION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 77-78, 94.

Decision rationale: The Chronic Pain Guidelines indicate that urine toxicology screens are indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient has had aberrant behavior or a urine drug screen. There is no clear evidence of abuse, addiction, and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for urine drug screen is not medically necessary.

TOPAMAX 50MG (UNSPECIFIED QUANTITY) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation TOPAMAX ([HTTP://WWW.RXLIST.COM/TOPAMAX-DRUG/SIDE-EFFECTS-INTERACTIONS.HTM](http://www.rxlist.com/topamax-drug/side-effects-interactions.htm)).

Decision rationale: The medical treatment guidelines indicate that Topamax (topiramate) Tablets and Sprinkle Capsules are indicated as initial monotherapy in patients two (2) years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache prevention, and it could be used in neuropathic pain. There is no documentation of chronic headache, neuropathic pain or failure of first line pain medications. Therefore the prescription of Topamax is not medically necessary.

AMBIEN 10MG (UNSPECIFIED QUANTITY) QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE (ODG), TREATMENT IN WORKERS' COMPENSTAION (2012) ([WWW.ODGTREATMENT.COM](http://www.odgtreatment.com)), WORK LOSS DATA INSTITUTE ([WWW.WORKLOSSDATA.COM](http://www.worklossdata.com)) (UPDATED 02/14/2012).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NON-BENZODIAZEPINE SEDATIVE-HYPNOTICS (BENZODIAZEPINE-RECEPTOR AGONISTS [HTTP://WORKLOSSDATAINSTITUTE.VERIOIPONLY.COM/ODGTWC/PAIN.HTM](http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm)).

Decision rationale: The Official Disability Guidelines indicate that non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. This class of medications includes zolpidem (Ambien® and Ambien® CR), zaleplon (Sonata®), and eszopicolone (Lunesta®). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the central nervous system (CNS). All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means that they have potential for abuse and dependency. There is no documentation that the patient is actually suffering from sleep problem. In addition, Ambien is not recommended for long term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien is not medically necessary.

LIDODERM 5% PATCH (UNSPECIFIED QUANTITY QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) AND TOPICAL ANALGESICS Page(s): 56-57, AND 112.

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

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. The guidelines also indicate that any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. According to the patient's medical records, there is no documentation of failure of first line therapies or functional improvement with the previous use of Lidoderm 5%. There is no evidence of neuropathic origin of the patient pain. Therefore the prescription of Lidoderm patch is not medically necessary.