

Case Number:			
Date Assigned:	12/20/2013	Date of Injury:	09/20/2000
Decision Date:	10/08/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 str

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 62 year-old female with date of injury 01/01/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/19/2013, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the posterior lumbar musculature revealed tenderness to palpation with numerous trigger points which were palpable and tender through the lumbar paraspinal muscles bilaterally. There was decreased range of motion of the lumbar spine in all planes due to pain. Straight leg raise was positive in the modified sitting position 60 degrees on the right which caused radicular symptoms. Sensory examination using Wartenberg pinwheel were decreased along the posterolateral thigh and posterolateral calf, along with dorsum of the foot bilaterally and the distribution at L5-S1. Diagnosis: 1. Lumbar post-laminectomy syndrome 2. Bilateral lower extremity radiculopathy, right greater than left 3. Medication induced gastritis 4. Depression/anxiety. Patient underwent a urine drug screen in 2012 which was normal. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as the dated provided below. Medications: 1. Fexmid 7.5mg, #60 (using at least 6 months) 2 .Dendracin topical analgesic cream (using at least 6 months) 3. Ambien CR 12.5mg, #30 SIG: 1 to 2 q.h.s. (this particular dosage not found in the records) 4. Topamax 50mg SIG: b.i.d. (using at least a year) 5. Ambien 10mg SIG: 1 to 2 q.h.s. (using at least a year) 6. Lidoderm Patch 5% SIG: 1 patch daily (using at least 6 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT DETOXIFICATION PROGRAM (X DAYS) QTY: 7.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

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

Decision rationale: The Official Disability Guidelines assert that indications for detoxification have been suggested. These include the following: (1) Intolerable side effects; (2) Lack of response to current pain medication treatment (particularly when there is evidence of increasingly escalating doses of substances known for dependence); (3) Evidence of hyperalgesia; (4) Lack of functional improvement; and/or (5) Refractory comorbid psychiatric illness. The medical records available for review did not contain a report of how the patient was progressing in the four-day treatment program which was previously authorized. Without that documentation, a seven-day detoxification program is not medically necessary.

FEXMID 7.5 MG QTY: 60.00: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Flexeril for at least 6 months, long past the recommended 2-3 weeks by the MTUS. Flexeril is not medically necessary.

DENDRACIN TOPICAL ANALGESIC CREAM: 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 Page(s): 111-112.

Decision rationale: Dendracin is Methyl Salicylate 30%, Capsaicin 0.025%, and Menthol USP 10%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a

diminishing effect over another 2-week period. The patient has been using Dendracin for greater than 6 months, which is longer than it has been shown to be effective.

AMBIEN CR 12.5 MG 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 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 (Chronic), Zolpidem (Ambien®)

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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 that they may increase pain and depression over the long-term. The patient has been taking Ambien CR for longer than the 2-6 week period recommended by the ODG.

URINE DRUG TESTING: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. The drug screen requested falls within the criteria listed above. I am reversing the previous utilization review decision.

TOPAMAX 50 MG: Overturned

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 Page(s): 16-17.

Decision rationale: Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is

prescribed for a patient for other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as Gabapentin or Pregabalin should be tried initially. The patient complains of central-type and radicular pain. The medical record has documentation that the patient has been tried on Lyrica, a first-line agent. I am reversing the prior utilization review decision. Topamax is medically necessary.

AMBIEN 10 MG: 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 (Chronic), Zolpidem (Ambien®)

Decision rationale: As stated above with the decision for Ambien CR, the Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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 that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG.

LIDODERM 5% PATCH: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has documentation that the patient has undergone a trial of first-line therapy, Lyrica. I am reversing the previous utilization review decision.