

Case Number:	CM13-0053049		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2009
Decision Date:	04/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice 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 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 57-year-old female who reported an injury on 09/11/2009. The mechanism of injury was cumulative trauma. The injured worker's medication history included Flurbiprofen as of 04/2013, and Colace and Sonata as of 08/2013. The documentation of 09/25/2013 revealed the injured worker had low back pain and right lower extremity pain. The injured worker had increased left lower extremity and right lower extremity pain. The injured worker indicated medication side effects include abdominal pain, dizziness, headaches accompanied by blurred vision, and acid reflux and nausea. It was indicated the injured worker's level of sleep had decreased due to a difficulty in staying asleep. The treatment plan included Cymbalta 30 mg, Ambien 5 mg, Prilosec 20 mg, Flurbiprofen 20% cream, and Colace 240 mg soft gel. The injured worker's diagnosis included radiculopathy, patellar tendinitis, and depression with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR AMBIEN 5MG, NIGHTLY AT BEDTIME: 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, AMBIEN

Decision rationale: Official Disability Guidelines recommend Ambien for the short-term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation submitted for review indicated the injured worker had previously been taking Sonata. The documentation indicated that the patient had difficulty staying asleep, however, there was a lack of documentation indicating the injured worker had failed the trial of Sonata that they had been on. Additionally, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the Retrospective request for Ambien 5mg, nightly at bedtime is not medically necessary.

RETROSPECTIVE REQUEST FOR FLURBIPROFEN 20% CREAM, TWICE DAILY TO AFFECTED AREA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen and Topical analgesics Page(s): 72,111.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... 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. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The injured worker was concurrently noted to be taking Cymbalta. The clinical documentation submitted for review indicated the injured worker had been utilizing Flurbiprofen cream since 04/2013. There was a lack of documented efficacy of the requested medication. Additionally, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the Retrospective request for Flurbiprofen 20% cream, twice daily to affected area is not medically necessary.

RETROSPECTIVE REQUEST FOR DOCUSATE 240MG SOFT GELS, ONE (1) TAB TWICE DAILY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: California MTUS Guidelines indicate that when initiating opioid therapy there should be prophylactic treatment of constipation initiated. The clinical documentation submitted for review indicated the injured worker had been taking the medication since 08/2013. There was a lack of documentation of the efficacy of the requested medication. Given the above, the Retrospective request for Docusate 240mg soft gels, one (1) tab twice daily, #60 is not medically necessary.