

Case Number:	CM13-0058656		
Date Assigned:	12/30/2013	Date of Injury:	09/24/2003
Decision Date:	09/03/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 24, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; opioid therapy; and sleep aids. In a Utilization Review Report dated November 18, 2013, the claims administrator failed to approve a request for topical compounded medications, Ambien, and Norco. The applicant's attorney subsequently appealed. In an earlier progress note of June 17, 2013, the applicant presented with 9/10 low back pain without medications and 5/10 pain with medications. Hyposensorium about the right leg was noted. The applicant was given primary diagnosis of lumbar and cervical radiculopathy. Prescriptions were furnished, including Norco and Sonata. The applicant was permanent and stationary. It did not appear that the applicant was working with permanent limitations in place. On July 9, 2013, the applicant presented to his pain management physician reporting 6-7/10 with medications and 8/10 pain without medications. The applicant stated that he was having difficulty with even basic activities of daily living such as ambulating and also complaints about weakness about the lower extremities. Epidural steroid injection therapy was sought. The applicant's medication list was not detailed on this occasion. On October 17, 2013, the applicant was given prescriptions for Norco and Ambien through a prescription form which employed preprinted checkboxes with little or no narrative commentary attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND FLURBIPROFEN, CYCLOBENZAPRINE, ULTRADERM X 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 111-113, Topical Analgesics topic. Page(s): 111-113.

Decision rationale: One of the ingredients in the compound is Cyclobenzaprine, a muscle relaxant. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, however, muscle relaxants are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary and appropriate.

COMPOUND TRAMADOL, GABAPENTIN POWDER, MENTHOL, CAMPHOR: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, one of the ingredients in the compound in question, is deemed not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary and appropriate.

HYDROCODONE/APAP 10/325MG X 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working with permanent limitations in place. On July 9, 2013, the applicant reported some negligible reduction in pain scores from 8/10 without medications to 6-7/10 pain with medications, implying that ongoing usage of Norco was not providing adequate analgesia. Finally, the applicant was having difficulty performing

even basic activities of daily living such as ambulating, despite ongoing usage of Norco. All of the above, taken together, suggested that ongoing usage of Hydrocodone-Acetaminophen was not beneficial. Therefore, the request was not medically necessary and appropriate.

ZOLPIDEM 10MG X 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien or Zolpidem usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, provide some evidence to support such usage. In this case, however, no rationale or medical evidence was furnished which would support ongoing usage of Zolpidem or Ambien, which, per the Food and Drug Administration (FDA), is indicated for short-term treatment of insomnia, for up to 35 days. In this case, Ambien was endorsed via a prescription form which employed preprinted checkboxes. It was not clearly stated whether or not Ambien was being employed on a first-time basis or a renewal basis. The implication, nevertheless, given the chronicity of the applicant's injury, however, was that the Zolpidem was, in fact, being employed chronically, despite the FDA position against the same. No applicant-specific rationale or medical evidence was provided to support usage of Zolpidem here. Therefore, the request was not medically necessary and appropriate.