

Case Number:	CM13-0059927		
Date Assigned:	01/03/2014	Date of Injury:	12/29/2004
Decision Date:	04/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, 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 a 46-year-old male who reported an injury on 12/29/2004. The mechanism of injury was not provided in the medical records. His diagnoses included 2 level lumbar discopathy, status post lumbar fusion, mild degenerative disc disease, and status post lumbar hardware removal. His symptoms are noted to include low back pain with radiation to the bilateral lower extremities. His physical exam findings include tenderness to palpation in the paralumbar musculature, tenderness to palpation of the L1-2 spinous process, and painful range of motion. The patient's medications are noted to include hydrocodone/APAP 10/325 mg every 6 to 8 hours as needed for severe pain, naproxen 550 mg every 12 hours, Zolpidem 10 mg at bedtime, and Exoten-C lotion apply 2 to 3 per day for topical pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Anti-inflammatory medications Page(s): 70-73, 22.

Decision rationale: According to the California MTUS Guidelines, anti-inflammatories are the traditional first line of treatment to reduce pain and increase function, but long-term use may not be warranted. The Guidelines also state that in regard to NSAID medications, it is generally recommended that the lowest effective dose be used for the shortest duration of time consistent with individual patient treatment goals. The clinical information submitted for review indicated that the patient was being prescribed naproxen 550 mg to be taken every 12 hours as an anti-inflammatory. However, details regarding the patient's history were not provided, including whether the patient has received pain relief and increased function with use of naproxen. Additionally, the documentation failed to provide details regarding any reported adverse effects with the use of this medication. Additionally, as the Guidelines do not recommend long-term use of naproxen, details would be needed regarding the patient's duration of use and the specific treatment goals in order to warrant continued use. For these reasons, the request for Naproxen 550mg #100 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), Pain

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

Decision rationale: According to the Official Disability Guidelines, Zolpidem is only recommended for the short-term treatment of insomnia, usually 2 to 6 weeks. The Guidelines further state that while Zolpidem is commonly prescribed for chronic pain, pain specialists rarely recommend them for long-term use as they can be habit forming, may impair function and memory, and they may increase pain and depression over the long term. The clinical information submitted indicated that the patient was being prescribed Zolpidem 10 mg to be taken at bedtime for sleep. However, details were not provided regarding the patient's outcome with use of Zolpidem and any reported adverse effects. Additionally, as the Guidelines specified that this medication is not recommended for greater than 2 to 6 weeks of use, the request for Zolpidem 10mg #30 is not supported.

EXOTEN-C LOTION 0.002/10/20% #113.4 MI: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The Guidelines also state that compounded topical products that contain at least 1 drug that is not recommended are not recommended. Exoten-C is noted to include capsaicin, methyl salicylate, and menthol. In regard to topical capsaicin, the Guidelines state that it is only recommended as an option in

patients who have not responded or were intolerant to other treatments. The clinical information submitted failed to provide details indicating that the patient was intolerant or did not respond to other treatments to warrant the use of topical capsaicin. As the topical compound requested contains capsaicin, which is not supported, Exoten-C lotion 0.002/10/20% #113.4 ml is not supported.

PHYSICAL THERAPY FOR THE LUMBAR SPINE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the CA MTUS Guidelines, physical medicine is recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8 to 10 visits over 4 weeks. The clinical information submitted indicated that the patient had previously attended physical therapy, which did provide some temporary relief. However, details regarding his previous physical therapy treatment were not provided, including the number of physical therapy visits completed and measurable objective functional gains made with that treatment. In the absence of these details, additional physical therapy visits are not supported.

HYDROCODONE/APAP 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse surgical interventions, and aberrant drug taking behaviors). The clinical information submitted indicated that the patient was doing well with his current medication regimen and specified that his Norco had been effective in allowing him to perform some activities of daily living. However, details regarding the patient's pain relief, including his current pain level at the clinical visit, the least reported pain over the period since the last assessment, his average pain, etcetera were not provided. Additionally, the documentation did not address whether the patient reported any