

Case Number:	CM13-0067475		
Date Assigned:	01/03/2014	Date of Injury:	05/07/1998
Decision Date:	06/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 an employee of [REDACTED] and has submitted a claim for status post lumbar fusion surgery, lumbar junctional discopathy, and anxiety / depression associated with an industrial injury date of 05/07/1998. Treatment to date has included lumbar fusion on unspecified date, spinal cord stimulator implantation, posterior interbody fusion surgery with removal of hardware and spinal stimulator on 03/09/2011, anterolateral lumbar interbody fusion on 4/20/2011, physical therapy, lumbar epidural steroid injections, Toradol injections, and medications including hydrocodone/apap, Ambien, Xanax, Flexeril, gabapentin, and topical analgesics. Medical records from 2010 to 2013 were reviewed showing that patient complained of chronic low back pain graded 6/10 in severity associated with left lower extremity radiculopathy. Sleep duration was only three to four hours approximately. Intake of Norco allowed the patient to perform activities of daily living. Physical examination showed tenderness over the paraspinous musculature and spinous process of the lumbosacral spine; and at the sciatic notch bilaterally. There was mild guarding over his past surgical incision. Lumbar range of motion was limited to flexion at 30 degrees, extension at 5 degrees, and lateral bending at 10 degrees on both sides. Utilization review from 11/20/2013 denied the requests for Ambien 10mg, #30 1 PO QHS because it is not recommended for use beyond 2-6 weeks; Xanax 1mg, #60 1 PO QD prn because it is not for long-term use; Flexeril 10mg, #60 1 PO Q12H prn due to lack of documentation of significant functional / vocational benefit with its use; flurbiprofen/cyclobenzaprine 15/10% cream 180gm to be applied to the affected area twice daily and TGIce cream tramadol/gabapentin/menthol/camphor 8/10/2/2% cream 180 gm to be applied to the affected area twice daily because topical analgesics are largely experimental in use. On the other hand, the request for Norco 10/325mg, #60 1 po Q6-8 prn was modified into Norco

10/325mg x one (1) month supply to allow for tapering because the documentation did not identify quantifiable pain relief and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30 1 PO QHS: 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, Zolpidem Section.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that Zolpidem (Ambien) is a prescription short-acting no benzodiazepine hypnotic which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, the earliest progress report mentioning patient's usage of Ambien was written on April 2013. However, patient reported that it was not beneficial as cited in a report dated 05/17/2013. There is no discussion why continuation of treatment is still necessary despite not having any improvement. Furthermore, there is no discussion regarding patient's sleep hygiene aside from stating that the duration of sleep was limited to three to four hours. Therefore, the request for AMBIEN 10MG #30 1 PO QHS is not medically necessary.

XANAX 1 MG #60 1 PO QD PRN: 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): Stress & Mental Health Illness Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, Alprazolam (Xanax) is documented to have been prescribed for anxiety since 2010. This exceeds the guideline recommendation of short-term use only. Furthermore, there is no evidence of improvement of anxiety symptoms associated with its use. Therefore, the request for Xanax 1 MG #60 1 PO QD PRN is not medically necessary.

FLEXERIL 10 MG #60 1 PO Q12H PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: According to page 63 of the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since October 2013. The most recent progress report available cited no acute exacerbations as the back pain appeared chronic in duration. Physical examination likewise did not provide evidence for presence of muscle spasm. The guideline criteria have not been met. Therefore, the request for FLEXERIL 10 MG #60 1 PO Q12H PRN is not medically necessary.

NORCO 10/325MG #60 1 PO Q6-8 PM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated on page 78 of MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2012. The most recent urine drug screen was performed on 08/07/2013 revealing positive hydrocodone levels consistent with the prescribed medication. However, medical records submitted and reviewed do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects due to absence of evidence on quantifiable pain relief and improved objective findings. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for NORCO 10/325MG #60 1 PO Q6-8 PM is not medically necessary.

FLURBIPROFEN/CYCLOBENZAPRINE 15/10% CREAM 180GM TO BE APPLIED TO THE AFFECTED AREA TWICE DAILY: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAID formulation are only supported for diclofenac in the California MTUS. Page 41 further states that the addition of cyclobenzaprine to other agents is not recommended. In this case, this topical medication has been prescribed since May 2013. There is no other discussion concerning the need for use of unsupported topical NSAID such as flurbiprofen in the documentation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Flurbiprofen/Cyclobenzaprine 15/10% CREAM 180GM to be applied to the affected area twice daily is not medically necessary.

TGI CE CREAM (TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR 8/10/2/2%) CREAM 180GN TO BE APPLIED TO THE AFFECTED AREA TWICE DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Capsaicin.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAID formulation are only supported for diclofenac in the California MTUS. CA MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, camphor, or capsaicin, may in rare instances cause serious burns. In this case, this topical medication has been prescribed since May 2013. There is no other discussion concerning the need for use of unsupported topical analgesics in the documentation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for TGI CE cream (Tramadol/Gabapentin/Menthol/Camphor 8/10/2/2%) cream 180GN to be applied to the affected area twice daily is not medically necessary.