

Case Number:	CM13-0071767		
Date Assigned:	01/08/2014	Date of Injury:	01/19/2010
Decision Date:	06/13/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, 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 33 year old female injured worker with date of injury 1/19/10 with complaints of migraines, neck pain, thoracic spine, low back, and left shoulder pain. Per an 11/21/13 progress report, she has constant low back pain that radiates to the lower extremities with numbness and tingling rated 10/10. Objective findings included tender cervical spine with spasms, lumbar spine spasms, SLR positive on left, left upper extremity sensation decreased at C7. An MRI of the cervical spine dated 2/18/11 revealed evidence of small disc protrusions at multiple levels in the cervical spine with a question of stenosis of the anterior, posterior and lateral recesses of C4-C5. An MRI of the lumbar spine of the same date revealed evidence of disc protrusions at T12-L1, L3-L4, L4-L5, L5-S1; and moderate hypertrophic facet changes at L4-L5 with stenosis bilaterally. She has been treated with aquatic therapy, physical therapy, acupuncture, chiropractic therapy, epidural injections (ineffective), and medication management. The date of UR decision was 12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10 MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids, Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Guidelines regarding the on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." A review of the available medical records reveals insufficient documentation to support the medical necessity of oxycodone nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, or side effects. Per a 11/21/13 progress report, the injured worker's pain without medications is rated 10/10, with medications 6/10. It is not specified what role Oxycodone plays in this analgesia. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and are present in the documentation in the form of monthly UDS tests which have been consistent. There is no documentation comprehensively addressing the aforementioned concerns in the records available for review. The request is not medically necessary and appropriate.

AMBIEN 10 MG # 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).

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).

Decision rationale: With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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." A review of the submitted records indicates that the injured worker has been using this medication since at least 2/2013. As it is only recommended for short term use, the request is not medically necessary.

SOMA 350 MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Carisoprodol, Page(s): 29.

Decision rationale: The MTUS Chronic Pain Guidelines states regarding Soma, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." As this medication is not recommended by the MTUS Chronic Pain Guidelines, it is not medically necessary.

TEROCIN PAIN PATCH #10 HEAD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 60, 105, 111-113.

Decision rationale: Terocin is Capsaicin, Lidocaine, Menthol, Methyl Salicylate, and Boswellia Serrata. Per the MTUS Chronic Pain Guidelines with regard to Capsaicin: "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Capsaicin has no indication for use on the head. Regarding topical lidocaine, the MTUS Chronic Pain Guidelines states, "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo (Scudds, 1995)." The MTUS Chronic Pain Guidelines also indicates Boswellia Serrata Resin is not recommended for chronic pain. The MTUS Chronic Pain Guidelines states on page 111, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Consequently, the request is not medically necessary and appropriate.

SUMATRIPTAN SUCCINATE 500 MG, QUANTITY 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>.

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

Decision rationale: ODG guidelines state, "Recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated." This medication is indicated for the treatment of headaches, particularly migraine headaches. Medical records provided for review indicate that the injured worker complains of frequent headaches of pain rated 4/10, per a 11/19/13 progress report. The records do indicate that she has used Motrin and Naproxen sodium, though not explicitly stated, it is assumed that these failed to adequately treat her migraines. It is not a requirement to fail NSAIDs to receive Sumatriptan. The request is medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS Chronic Pain Guidelines states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The latest progress report dated 11/19/13 contained findings of both lumbar spine and cervical spine spasms. The documentation submitted for review indicates that the injured worker had only used this medication for less than two months when the request was made. The request is medically necessary.