MAXIMUS Federal Services

Case Number:	CM14-0002515		
Date Assigned:	01/24/2014	Date of Injury:	12/29/2004
Decision Date:	06/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Pain Management 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 has filed a claim for lumbar discopathy associated with an industrial injury date of December 29, 2004. Review of progress notes indicates low back pain radiating into both lower extremities. Findings include tightness and tenderness of the lumbar paraspinal muscles, pain upon movement, and positive sciatic stretch test bilaterally. Treatment to date has included NSAIDs, opioids, zolpidem, compound topical medications, physical therapy, home exercises. Patient had lumbar fusion surgery in February 2010 and hardware removal in September 2012. Utilization review from December 16, 2013 denied the request for hydrocodone/APAP 10/325mg #60; zolpidem 10mg #30; Exoten-C lotion 0.002/10/20% #113.4mL; and physical therapy for the lumbar spine 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG #60 ONE BY MOUTH EVERY 6-8 HOURS AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; OPIOIDS, SPECIFIC DRUG LIST,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines pages Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least November 2012. There is no recent documentation regarding symptomatic relief or objective functional benefits derived from this medication. Therefore, the request for hydrocodone/APAP 10/325mg #60 was not medically necessary.

ZOLPIDEM 10MG #30, ONE BY MOUTH AT BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines/Disability Duration Guidelines (DDG), Stress & Mental Illness Chapter.

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 (zolpidem tartrate)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since at least November 2012. This medication is not indicated for long-term use. Also, recent progress notes do not report sleep problems in this patient. Therefore, the request for zolpidem 10mg #30 was not medically necessary.

EXOTEN-C LOTION 0.002/10/20% #113.4ML - THIN LAYER APPLIED 2-3 TIMES 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 Chronic Pain Medical Treatment Guidelines Page(s): 28,105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Exoten-C lotion is composed of capsaicin 0.0002%, menthol 10%, and methyl salicylate 20%. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. 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 Over The Counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than

placebo in chronic pain. In this case, there is no documentation that the patient has failed or is intolerant to other first-line pain medications as the patient is also on Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy. There is no clear rationale as to the necessity of this compound topical medication at this time. Therefore, the request for Exoten-C lotion was not medically necessary.

PHYSICAL THERAPY FOR THE LUMBAR SPINE, 2 X PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation PHYSICAL MEDICINE,

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

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, patient has had 8 post-operative (post-hardware removal) physical therapy sessions, which provided some temporary relief. There is no documentation regarding expected functional goals and benefits to be gained from additional physical therapy sessions. Also, There is documentation that patient has a home exercise regimen. It is unclear as to why a physical therapy program is still necessary with a home exercise regimen. Therefore, the request for physical therapy 2x4 was not medically necessary.