MAXIMUS Federal Services

Case Number:	CM14-0006643		
Date Assigned:	03/03/2014	Date of Injury:	10/20/2010
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 a 44 year-old female who has filed a claim for lumbar radiculopathy associated with an industrial injury date of October 20, 2010. A review of progress notes reports bilateral neck pain radiating into the shoulders and low back pain radiating into the bilateral lower extremities, left more than right. Findings include tenderness of the cervical and lumbar paraspinal muscles, decreased range of motion of cervical and lumbar spines, and positive discogenic provocative maneuvers of both cervical and lumbar spines. Straight leg raise test was positive on the left. There is decreased motor strength of the left tibialis anterior, left extensor hallucis longus, left peroneals, and right deltoid and biceps. Sensation is decreased in the left L5-S1 dermatomes. The treatment to date has included NSAIDs, opioids, muscle relaxants, Ambien, Gabapentin, Cymbalta, Salonpas, pain education and coping skills sessions, CBT, cervical epidural steroid injection, lumbar epidural steroid injection, and lumbar microdiscectomy. The utilization review from December 20, 2013 denied the request for repeat left L5-S1 lumbar transforaminal epidural steroid injection as there is no documentation of functional improvement for 6-8 weeks following previous LESI, Ropinirole 0.25mg #30 as there is no documentation of medical necessity; Cyclobenzaprine 10mg #90 as it is only recommended for short-term management; Zolpidem 10mg #30 as there is no documentation of short-term use and Salonpas #60 as there is little evidence to use topical NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LEFT L5-S1 LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient had a previous lumbar epidural steroid injection, which provided 50% relief for 9 months. The patient currently complains of and has positive findings for lumbar radiculopathy involving the L5-S1 nerve roots. Therefore, the request for repeat left L5-S1 lumbar transforaminal epidural steroid injection was medically necessary.

ROPINIROLE HCL TABLETS 0.25MG QUANTITY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs Website

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ropinirole)

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. The FDA states that Ropinirole is indicated for the treatment of moderate-to-severe primary Restless Legs Syndrome (RLS) or of the signs and symptoms of idiopathic Parkinson's disease. The limited documentation does not indicate when this medication was started. Appeal dated January 14, 2014 notes that this medication decreases the patient's restless leg symptoms by 50%, and when taken with Zolpidem, allows an additional 5-6 hours of sleep per night and maintenance of activities of daily living. However, there is no documentation of restless leg or Parkinsonian symptoms to support the use of this medication. Therefore, the request for Ropinirole 0.25mg #30 was not medically necessary.

CYCLOBENZAPRINE 10MG TABLETS QUANTITY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Muscle Relaxants Page(s): 63-66.

Decision rationale: As stated in California MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. An appeal dated January 14, 2014 notes that this medication decreases the patient's spasms by 60%. The limited documentation does not indicate when this medication was started. However, utilization review from December 20, 2013 did not authorize this medication on the basis that ongoing long-term therapy is not supported. It is not clear as to when this patient started using this medication. Therefore, the request for Cyclobenzaprine 10mg #90 was not medically necessary.

ZOLPIDEM 10MG QUANTITY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, Pain (Chronic) Zolpidem.

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 California 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. The patient has been on this medication since at least November 2013. An appeal dated January 14, 2014 indicates that this medication provides additional 5-6 hours of sleep with maintenance of activities of daily living. However, there is no documentation describing patient's sleep issues. Also, this medication is not recommended for long-term use. Therefore, the request for Zolpidem 10mg #30 was not medically necessary.

SALONPAS PATCH QUANTITY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-113.

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, Topical salicylates.

Decision rationale: Salonpas contains Camphor, Menthol, and Methyl Salicylate. Page 105 of California MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates are significantly better than placebo in chronic pain. ODG Pain Chapter states that the FDA has

issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. An appeal dated January 14, 2014 notes that this medication provides 60% improvement of neck and shoulder pain with maintenance of activities of daily living. This medication may be a reasonable option for the patient's cervical and lumbar pain symptoms as it has shown to provide symptomatic and functional improvement. Therefore, the request for Salonpas patch #60 was medically necessary.