

Case Number:	CM14-0006744		
Date Assigned:	02/07/2014	Date of Injury:	08/04/1994
Decision Date:	06/13/2014	UR Denial Date:	12/19/2013
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 Physical Medicine & Rehabilitation, 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 74 year old female who was injured on 08/04/1994 when she tripped over a chair and due to continuous trauma. Prior treatment history has included Kadian 30 mg, Ambien 10 mg, and Robaxin 750 mg; Ultracin, Cymbalta, and Norco. The patient underwent an L2-L4 foraminal lumbar interbody fusion with L4-L5 revision decompression on 07/26/2012. Diagnostic studies reviewed include urine drug testing dated 01/21/2014 revealed inconsistent results for reported medication list which include Norco, Kadian and Ambien. PR-2 dated 12/23/2013 documented the patient has complaints of low back pain. The intensity is 5-8/10. The pain is sharp, constant, and intermittent in nature. It is increased with walking and decreased with medication. Objective findings on exam reveal decreased range of motion of all planes of the lumbar spine. There is decreased range of motion on extension and flexion. The patient is diagnosed with unspecified thoracic/lumbar radiculitis and postlaminectomy status. The treatment and plan include random urine testing, considering intrathecal pump. The patient is prescribed Cymbalta, Norco, Robaxin and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 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), Treatment Index, 11th Edition (Web), 2013, Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness & Stress Chapter, Zolpidem (Ambien).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Zolpidem (Ambien) is not recommended for long-term use, but recommended for short-term use. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. The medical records document the patient was diagnosed with unspecified thoracic /lumbar radiculitis, and postlaminectomy syndrome. The patient has been on Ambien since 8/6/2013. In the absence of documented significant improvement of pain and function, the request is not medically necessary according to the guidelines.

ROBAXIN 750MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-65.

Decision rationale: According to the CA MTUS guidelines, muscle relaxants (for pain) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Methocarbamol (Robaxin) has CNS depressant effect with related sedative properties. The medical records document the patient was diagnosed with unspecified thoracic /lumbar radiculitis, and postlaminectomy syndrome. The patient was on Robaxin since 8/6/2013. In the absence of documented significant improvement of pain and function, and as this medication is not indicated for long-term use, the request is not medically necessary according to the guidelines.

ULTRACIN (CAPSAICIN-METHYL SAL-MENTHOL) 0.025/28/10% LOTION #120 X1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records document the patient was diagnosed with unspecified thoracic/lumbar radiculitis, and post-laminectomy syndrome. In the absence of documented

failure to response or intolerance to other medication, and as indicated in the guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the request is not medically necessary according to the guidelines.

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Norco is a short-acting opioid that is recommended for intermittent or breakthrough pain. The long-term efficacy of Norco is unclear and appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The medical records document the patient was diagnosed with unspecified thoracic/lumbar radiculitis, and post-laminectomy syndrome. In the absence of documented acute exacerbation of the chronic pain and absence of significant improvement of pain and function on this medication, the request is not medically necessary according to the guidelines.