MAXIMUS Federal Services

Case Number:	CM14-0103926		
Date Assigned:	09/16/2014	Date of Injury:	01/16/2009
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a 51 year old male with a date of injury on January 16, 2009. He has bilateral neck pain with pain in his arms, bilateral shoulders, and upper back that is constant with variable intensity. With gripping, he has pain in his forearm. His diagnoses include anxiety, psychophysiologic disorder, intermittent suicidal ideation without a plan, depressive disorder, shoulder joint pain, disorder of shoulder bursa, and chronic pain syndrome. He has tried acupuncture with incomplete relief. He takes etodolac occasionally because of the gastrointestinal side effects. He is on Lidoderm and Flector patches, cyclobenzaprine, clonazepam, and Ambien. He states he is still unable to sleep while taking these medications due to pain and anxiety. It is stated that he relies on these pain medications to perform low level stretching and walking and basic household tasks. He has cervical paraspinal tenderness and trigger points over the upper trapezius muscles bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal patch # 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatemnt in Workers Compensation, Pain Procedure Summary

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

Decision rationale: Diclofenac epolamine transdermal patch (Flector patch) is a non-steroidal anti-inflammatory drug indicated for the topical treatment of acute pain due to minor strains, sprains, and contusions. The Official Disability Guidelines do not recommend Flector patch as a first line option and there is no data that substantiate Flector patch efficacy beyond two weeks. Topical non-steroidal anti-inflammatory drugs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. They are not indicated for neuropathic pain, as there is no evidence to support use. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. This worker has chronic upper extremity musculoskeletal and neuropathic pain and has been using Voltaren gel in the past several months. It is recommended for short-term use only per Medical Treatment Utilization Schedule guidelines, and is therefore not considered medically necessary.

Lidoderm 5% (700mg/patch) #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56.

Decision rationale: Per the Medical Treatment Utilization Schedule guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic, serotonin-norepinephrine reuptake inhibitors, or anti-epileptic drugs such as gabapentin). This is not a first-line treatment and is only Food and Drug Administration-approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation that this worker has failed a first-line medication therapy. Therefore, this service is not considered medically necessary.

Cyclobenzaprine 10 mg # 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants for pa. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatemnt in Workers Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64.

Decision rationale: 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. It has a central mechanism of action. The worker has had chronic and diffuse upper extremity musculoskeletal complaints since 2009. Per the Medical Treatment Utilization Schedule guideline, cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. Therefore, the requested service is not considered medically necessary.

Ambien 5 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-Treatemnt in Workers Compensation, Pain Procedure Summary

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not reference Ambien or insomnia treatment; therefore alternate guidelines were consulted. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine 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. This worker has depressive disorder and intermittent suicidal ideation without a plan, therefore a medication with a side effect of depression is not recommended. Additionally, according to the Substance Abuse and Mental Health Services Administration, zolpidem is linked to a sharp increase in emergency department visits, so it should be used safely for only a short period of time. It is a non-benzodiazepine sedative-hypnotic that works by selectively binding to type-1 benzodiazepine receptors in the central nervous system. All of the benzodiazepine-receptor agonists are schedule 4 controlled substances, which mean they have potential for abuse and dependency. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. In a comparison of treatment approaches to determine separate and combined effects on insomnia, adding a prescription sleeping pill to cognitive behavioral therapy appeared to be the optimal initial treatment approach in workers with persistent insomnia, but after 6 weeks, tapering the medication and continuing with cognitive behavioral therapy alone produced the best long-term outcome. These results suggest that there is a modest short-term added value to starting therapy with cognitive behavioral therapy plus a medication, especially with respect to total sleep gained, but that this added value does not persist. In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach might be better, however, after a few weeks, the recommendation is to discontinue the medication and continue with cognitive behavioral therapy. Prescribing

medication indefinitely will not work. The authors said that the conclusion that workers do better in the long term if medication is stopped after 6 weeks and only cognitive behavioral therapy is continued during an additional 6-month period is an important new finding. This worker has been on Ambien for longer than the recommended period of time and is at risk for associated side effects. Continued treatment with Ambien is not supported. Therefore, this request is not considered medically necessary.