MAXIMUS Federal Services

Case Number:	CM14-0107003		
Date Assigned:	08/01/2014	Date of Injury:	01/17/2002
Decision Date:	10/07/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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 and is licensed to practice in Texas. 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 69 year old female who was injured on 01/17/2002. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the cervical spine revealed cervical instability at C4-5 and prior cervical fusion at C5-6. Progress report dated 07/14/2014 states the patient presented with continued pain in the neck and low back with intermittent radiculopathy. On exam, there is tenderness to palpation of the cervical and lumbar spine with guarding and limited range of motion. The patient is diagnosed with cervical spondylosis without myelopathy and lumbar disc disorder. The patient has been recommended Flexeril, Norco, topical creams and cervical traction kit. Prior utilization review dated 06/17/2014 states the request for 1 Cervical Traction Kit, Sonata 10 Mg # 60, Flexeril 7.5 Mg # 90, TGHOT Cream 180 Gm is not certified as there is no evidence of functional improvement and medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL TRACTION KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck And Upper Back (Acute And Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a053535.htm

Decision rationale: The guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities, such as traction. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The medical records do not establish this device is medically necessary for the management of this patient's complaints. At this purpose juncture, focus should be placed on utilization of a self-directed exercise/stretching program, which would not require use of extraneous equipment. The medical necessity for a cervical traction unit has not been established.

SONATA 10 MG # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment

Decision rationale: According to the ODG, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and Eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 Benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Zaleplon (Sonata) reduces sleep latency. Side effects: headache, drowsiness, dizziness, fatigue, confusion, abnormal thinking. Sleep-related activities have also been noted such as driving, cooking, eating and making phone calls. Abrupt discontinuation may lead to withdrawal. Dosing: 10 mg at bedtime (5 mg in the elderly and patients with hepatic dysfunction). In this case, the medical records indicate chronic use of sleep aids. However, there are no documented subjective or objective finding/observations to support an active diagnosis of insomnia in this patient with an over 12.5 year old industrial injury. There is no mention of addressing and improving sleep hygiene. Additionally, the prescribed quantity and dosage exceeds the medical guidelines. The medical necessity and appropriateness of Sonata has not been established in this case.

FLEXERIL 7.5 MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 64.

Decision rationale: Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not document the presence of muscle spasm on examination. The guidelines state muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. The addition of cyclobenzaprine to other agents is not recommended. Additionally, chronic use of muscle relaxants is not recommended. Recommendation is the noncertified request for Flexeril, as the medical necessity is not established.

TGHOT CREAM 180 GM: Upheld

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

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

Decision rationale: TGHot cream is a compounded topical product containing Tramadol, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These products are primarily recommended for neuropathic pain when first-line measures have failed. The medical records do not establish neuropathic pain with failure of first-line measures. Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. Furthermore, there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The medical records do not substantiate there are any issues with oral medication tolerance. According to the guidelines, Gabapentin is not recommended in topical formulations. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently this compounded product is not supported by the evidence based guidelines, and is not medically necessary.