

Case Number:	CM14-0107948		
Date Assigned:	08/01/2014	Date of Injury:	06/09/2006
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59 year old female who was injured on 6/9/2006, 2010, and 7/1/2012. She was diagnosed with cervical spondylosis, cervical degenerative disc disease with cervical radiculitis, cervical sprain/strain, carpal tunnel syndrome (left), and ulnar neuropathy at the wrist (left). She was treated with oral medications, including NSAIDs and Tylenol with codeine, which she used regularly to help treat her pain. On 2/14/14, the worker was seen by her treating physician complaining of her neck and bilateral shoulder pain relieved with her Motrin use 3 times per day, but the pain was aggravated at night, and uses the Tylenol #3 as needed. She reported a new tingling over her left arm down to her wrist and thumb. Physical examination revealed cervical paraspinal tenderness with decreased range of motion, left and right shoulder restricted motion with trapezius tenderness and impingement test positive and normal sensation to light touch, normal motor strength. She was asked to continue her then current medications, continue her home exercise, and later requested that topical lidocaine/baclofen, orphenadrine, Ambien, and Norco be used and approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, if the physician was considering the worker to use Norco chronically, there was no evidence of a complete review as stated above. The worker had already been taking an opioid as needed (codeine), and was able to use this medication for her pain, but there was no report on whether or not codeine was helpful for this pain in order to suggest that another opioid would have been a reasonable choice to add on to her current regimen. Without a clear documentation of her Tylenol #3 use and benefit as well as a baseline assessment of her pain levels and function level, it is not appropriate to add on another opioid, and therefore, the Norco is not medically necessary.

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. This muscle relaxant was recommended to the worker, and might be considered for short-term use since the worker reported new symptoms, but she is already using a daily NSAID, and the request was for 60 pills, which is much more than necessary for short-term use. Therefore, the orphenadrine is not medically necessary.

Compounded cream of Lidocaine and Baclofen #1 tube: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, AND Lidoderm Page(s): 111-113, 56-57.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally not recommended for first-line treatment as they only have limited or no evidence to support their use. Topical baclofen, specifically, is not recommended by the MTUS. The MTUS Guidelines for Chronic Pain also state that topical lidocaine, specifically, is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. The MTUS also states that any combination product that contains at least one drug that is not recommended is not recommended, therefore the compounded lidocaine/baclofen cream recommended to the worker in this case is not medically necessary.

Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, sedative hypnotics AND Pain section, Ambien.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, Ambien was suggested, likely due to the worker's complaint of having aggravation of her pain at night. However, there was no mention if her pain significantly affected her sleep in the notes provided for review. Also, other sleep aids would be more appropriate for use, if the intention was to treat her chronically. Therefore, the Ambien is not medically necessary.