

Case Number:	CM14-0113744		
Date Assigned:	08/04/2014	Date of Injury:	09/16/1995
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/16/95. A utilization review determination dated 7/3/14 recommends non-certification of Lido Pro, Fexmid, Ambien, Fiorinal, Lidoderm, and Ultram ER. 6/12/14 medical report identifies low back pain mostly axial, occasionally radiating down to the bilateral hips and left posterior thigh. Pain is 7/10. Right knee and right shoulder pain is also present. The patient requires OxyContin and Norco for breakthrough pain. On exam, there is TMJ tenderness, cervical spine tenderness and limited ROM, right shoulder tenderness and limited ROM, Tinel's sign at the right elbow with intrinsic muscle wasting along the thenar and hypothenar muscles bilaterally and decreased sensation along the third, fourth, and fifth digits on the right and fourth and fifth digits on the left. There is a positive Tinel's at the right wrist. There is lumbar tenderness with trigger points and decreased ROM. Pain is worse with extension. Facet loading causes pain. There is point tenderness of the bilateral hips, right knee tenderness along the anterior joint line and positive crepitus, and tenderness along the medial and lateral joint line of the left knee. Recommendations include intrathecal morphine, facet joint radiofrequency neurotomy bilateral L3-5, trigger point injections, MR arthrogram right shoulder and knee, Norco, Anaprox, Prilosec, OxyContin, LidoPro, right and left greater trochanter injection, and audiology evaluation for bilateral hearing aids. 7/10/14 medical report identifies that current medications include OxyContin, Norco, Anaprox, FexMid, Prilosec, Neurontin, Lexapro, Fiorinal, Ambien, Colace, and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, quantity unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain: Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia or how it has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.

Fexmid 7.5mg, quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Fexmid, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Fexmid is not medically necessary.

Fiorinal, strength and quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 23 of 127.

Decision rationale: Regarding the request for Fiorinal, California MTUS notes that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Within the documentation available for review, there is no clear indication of efficacy and no rationale presented for use of the medication despite the CA MTUS recommendation against its use in the management of chronic pain. In the absence of such documentation, the currently requested Fiorinal is not medically necessary.

Lido Pro 121mg, quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for LidoPro, California MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested LidoPro is not medically necessary.

Lidoderm Patch, strength and quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding the request for Lidoderm, California MTUS cites that topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain and failure of first-line therapy to manage it, as first-line agents are still being utilized. In light of the above issues, the currently requested Lidoderm is not medically necessary.

Ultram ER 150mg, quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79,120 of 127.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient was concurrently noted to be utilizing both a long-acting opioid (OxyContin) and a short-acting opioid (Norco). The tramadol ER was not noted on the current medication list. The use of multiple long-acting opioids concurrently is redundant and there is no rationale presented for the use of multiple agents. Given that the patient is currently utilizing multiple opioids, there should be no need for tapering of the tramadol ER. In light of the above issues, the currently requested tramadol ER is not medically necessary.