

Case Number:	CM14-0154945		
Date Assigned:	09/25/2014	Date of Injury:	05/15/2000
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 & 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 injured worker is a 67-year-old male who reported injury on 01/07/2001. The mechanism of injury was a slip and fall. The injured worker underwent surgical intervention for his lumbar spine. The injured worker's medications included Ultram and Motrin. The diagnostic studies were not provided. Prior therapies included physical therapy, and a rolling walker with a seat and brakes. The documentation of 07/29/2014 revealed the injured worker had difficulty standing from a seating position. The injured worker had to hold onto the walker to do so. The injured worker had decreased range of motion and the sitting straight leg raise examination was positive bilaterally. The injured worker stated he had low back pain radiating to his legs that was severe and had difficulty ambulating and was noticing weakness in his legs. The injured worker indicated he has gastric upset with Motrin and had constipation with the medication. The diagnoses included history of lumbar laminectomy L4-5, herniated nucleus pulposus L3-S1 that was 2 to 3 mm with foraminal stenosis and facet arthropathy, as well as psychological diagnosis. The treatment plan included a topical compound due to epigastric upset with the ingredients of lidocaine 5% and flurbiprofen 20% to apply twice a day to 3 times a day with 2 refills, Ultram 50 mg 1 tablet, Colace 100 mg 1 tablet twice a day with 2 refills, Soma 350 mg 1 at bedtime #30 with 2 refills, and the injured worker was noted to have difficulty sleeping at night, and was provided with a prescription for Ambien 10 mg 1 at bedtime for insomnia with 2 refills. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #15 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Mental Chapter; Pain (Chronic)

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

Decision rationale: The Official Disability Guidelines recommend Ambien for the short term treatment of insomnia. The requested medication was prescribed for insomnia. However, the request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Ambien 10mg #15 with 2 refills is not medically necessary.

LF520120gm with 2 refills: 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 Flurbiprofen, page 72, Topical Analgesics, page 111, Lidocaine, page 112.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the [REDACTED] database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The documentation indicated the Motrin would be discontinued due to gastric upset and as such a topical was prescribed. The clinical documentation submitted for review indicated the components of the topical cream. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated, as well as the components and the frequency for the requested medication. There was a lack of

documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for LF520120gm with 2 refills is not medically necessary.