

<b>Case Number:</b>	CM14-0176694		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	03/23/2007
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Interventional Spine 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 patient is a 50 year old with an injury date on 3/23/07. Patient complains of low lumbar pain, cervical pain, right shoulder pain, left wrist pain with numbness/tingling, and left knee pain with grinding and difficulty stepping down on left leg per 9/16/14 report. Based on the 9/16/14 progress report provided by [REDACTED] the diagnoses are: 1. degeneration lumbar2. pain in joint shoulder3. pain in joint forearm4. lumbagoExam on 9/16/14 showed "left knee range of motion slightly reduced at 0-110 degrees." Range of motion for other body parts were not included in reports. Patient's treatment history includes two right shoulder surgeries (most recently 2013), 3 left wrist surgeries, a left knee surgery in 2012, and a lumbar epidural steroid injection on 6/17/14 with 50% decrease in low lumbar/lower extremity pain per 9/16/14 report. [REDACTED] is requesting retrospective request for ambient 5mg #60 on 6/23/14, DSS 250mg #60, retrospective request for hydrocodone APAP 10/325mg #120 on 6/23/14, orphenadrine norflex ER 100mg #90, retrospective request for ketamine 5% cream 60gr #1 on 6/23/14, and retrospective request for capsaicin 0.075% #1 on 6/23/14. The utilization review determination being challenged is dated 9/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/3/14 to 10/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ambien 5mg #60 on 6/23/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem

**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, Insomnia Treatment, section on Ambien

**Decision rationale:** This patient presents with lower back pain, neck pain, right shoulder pain, left knee pain, and left wrist pain. The provider has asked for retrospective request for AMBIEN 5mg #60 on 6/23/14. Patient has been taking Ambien since 3/27/14. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended 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. In this case, the patient has been taking Ambien for more than 2 months, while ODG recommends short-term usage of 7-10 days. The requested Ambien is not medically necessary at this time. Recommendation is for not medically necessary.

**DSS 250mg #60:** 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) Pain Chapter. Topic: Opioid-induced constipation treatment

**Decision rationale:** This patient presents with lower back pain, neck pain, right shoulder pain, left knee pain, and left wrist pain. The provider has asked for DSS 250mg #60 on 9/16/14. Patient has been taking DSS since 3/27/14. Docuprene is a stool softener that is used to treat occasional constipation (Docutase). Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In this case, the concurrently requested Hydrocodone is not indicated and the patient is not currently taking any other opiates. The requested DSS 250mg #60 is not medically necessary in this patient's case. Recommendation is for not medically necessary.

**Retrospective request for Hydrocodone/APAP 10/325mg #120 on 6/23/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain, neck pain, right shoulder pain, left knee pain, and left wrist pain. The provider has asked for retrospective request for Hydrocodone APAP 10/325mg #120 on 6/23/14. Patient has been taking Hydrocodone since 3/27/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider indicates a decrease in pain with current medications which include Hydrocodone, stating "decrease in pain from 10/10 down to 5/10" per 6/23/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Recommendation is for not medically necessary.

**Orphenadrine-Norflex ER 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

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

**Decision rationale:** This patient presents with lower back pain, neck pain, right shoulder pain, left knee pain, and left wrist pain. The provider has asked for orphenadrine NORFLEX ER 100mg #90 on 9/16/14. Patient has been taking Norflex since 5/22/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Norflex has anticholinergic effect with drowsiness as side effects. In this case, the patient has been taking Norflex for more than 3 months without documentation of its efficacy. MTUS does not allow long-term use of sedating muscle relaxant. Recommendation is for not medically necessary.

**Retrospective request for Ketamine 5% cream 60gr #1 on 6/23/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Topical Analgesics, Compounded

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketamine Page(s): 113.

**Decision rationale:** This patient presents with lower back pain, neck pain, right shoulder pain, left knee pain, and left wrist pain. The provider has asked for retrospective request for Ketamine 5% cream 60gr #1 on 6/23/14. Regarding Ketamine, MTUS states it is under study. Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate). In this case, the patient does not present with CRPS or post-herpetic neuralgia. There is no evidence patient has failed a trial of any other topical analgesic. The requested retrospective request for ketamine 5% cream 60gr #1 on 6/23/14 is not indicated. Recommendation is for not medically necessary.

**Retrospective request for Capsaicin 0.075% #1 on 6/23/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics, Compounded

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

**Decision rationale:** This patient presents with lower back pain, neck pain, right shoulder pain, left knee pain, and left wrist pain. The provider has asked for retrospective request for Capsaicin 0.075% #1 on 6/23/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments." Furthermore, MTUS indicates capsaicin efficacy for peripheral neuropathies at a 0.025% formulation, with no studies of the efficacy of a 0.0375% formulation. In this case, there is no discussion about the patient's intolerance or failure to respond to other therapies and the guidelines do not support a 0.075% capsaicin formulation. Thus the entire compounded product is not recommended. Recommendation is for not medically necessary.