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| Case Number: | CM14-0023470 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 03/26/2002 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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 Internal 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 patient is an injured worker with the diagnoses of repetitive stress injury upper extremities bilateral, bilateral cubital and carpal tunnel syndrome, myofascial syndrome, cervicgia with radiculopathy, lumbago, reactive insomnia, and reactive depression and anxiety. Date of injury was 03-25-2002. Medical status primary treating physician's progress report dated January 24, 2014 documented subjective complaints of chronic pain. The patient continues to have significant issues in both the cervical and lumbar spines and also experiences widespread neuropathic pain, along with myofascial findings pain in multiple areas of her body. Objective findings were documented. The patient was alert and oriented. Blood pressure in the office was 155/82 with a pulse rate of 101. The patient's examination demonstrated widespread myofascial tenderness with multiple tender and trigger point areas in her upper trapezius muscle groups as well as muscles around her upper extremities, neck, upper and lower back and legs. She has tenderness to palpation over the epicondyles, wrists and knees. There is a positive Tinel in the wrists bilaterally. The patient's sensory exam is notable for light touch, thermal, and vibratory sensation deficits in the upper extremities bilaterally, over the dermatomes C6 and C7. There is motor weakness in hand grip, bilaterally, and a decrease in fine motor skills. The patient has some general weakness in the upper extremities with tenderness to palpation. The patient's gait remains unsteady. Medications were Oxycodone, Tramadol, Neurontin, Naproxen, Zolpidem, Baclofen, Omeprazole, Klonopin, Terocin patch, Estradiol, Furosemide, Ferrous sulfate, Metformin, Aspirin, and Levothyroxine. Treatment plan was documented. Prescriptions included Conzip, Baclofen, Klonopin, Tramadol, Naproxen, Gabapentin, and Omeprazole. The patient was supplied with patient education materials to the use of the opioids and the patient will be referred to the [REDACTED] for confirmatory consult for the patient education. The patient was also referred to the [REDACTED] for confirmatory consult for the patient

education on the opioids. Otherwise, we do request authorization for the Baclofen, Klonopin, tramadol, naproxen, gabapentin and omeprazole. The request for authorization (RFA) was dated 2/6/14. Utilization review determination date was 2/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] for confirmatory consult for patient education: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Medical vs. Self Management Model.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The progress report dated January 24, 2014 documented the diagnoses of repetitive stress injury upper extremities bilateral, bilateral cubital and carpal tunnel syndrome, myofascial syndrome, cervicgia with radiculopathy, lumbago, reactive insomnia, and reactive depression and anxiety. Medications were Oxycodone, Tramadol, Neurontin, Naproxen, Zolpidem, Baclofen, Omeprazole, Klonopin, Terocin patch, Estradiol, Furosemide, Ferrous sulfate, Metformin, Aspirin, and Levothyroxine. Prescriptions included Conzip, Baclofen, Klonopin, Tramadol, Naproxen, Gabapentin, and Omeprazole. The patient was referred to the [REDACTED] [REDACTED] for confirmatory consult for the patient education on the opioids. Medical records indicate multiple medical conditions and prescription medications. The patient's course of care may benefit from additional expertise. MTUS and ACOEM guidelines support specialty referral. Therefore, the request for referral to [REDACTED] for confirmatory consult for patient education is medically necessary.

Terocin 4% #30: 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 , Capsaicin, topical , NSAIDs Page(s): 111-113, 28-29, 69-70.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). Use of NSAIDs may compromise renal function. FDA medication guide recommends lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Terocin is a topical analgesic, containing Methyl Salicylate, Capsaicin, Menthol and Lidocaine Hydrochloride. Medical records do not document laboratory test results, which is recommended for NSAID use per MTUS. Medical records indicate long-term NSAID use, which is not recommended by MTUS. Methyl salicylate is a NSAID. The patient is concurrently taking Naproxen and Aspirin, which are NSAIDs. Thus Methyl salicylate is a redundant NSAID. Progress report dated 1/24/14 documented an elevated blood pressure. Per MTUS, NSAIDs are not recommended in patients with elevated blood pressure. There was no documentation of post-herpetic neuralgia. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Lidocaine or Methyl Salicylate, which are active ingredients in Terocin. Therefore, the request for Terocin 4% #30 is not medically necessary.

Zolpidem 10 mg #30: 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).

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Zolpidem is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Zolpidem. Zolpidem was documented in the progress reports dated 12/13/13 and 1/24/14. ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Zolpidem is not supported by ODG guidelines. Therefore, the request for Zolpidem 10mg #30 is not medically necessary.