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| <b>Case Number:</b>   | CM14-0024657 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 12/29/2004 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 02/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 Occupational Medicine, and is licensed to practice in Texas. 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 46-year-old injured on December 29, 2004 due to an undisclosed mechanism of injury. Current diagnoses include 2 level lumbar discopathy, mild degenerative disc disease at C5-6, painful retained hardware status post L3-4 and L4-5 posterior lumbar interbody fusion on February 3, 2010, and status post lumbar hardware removal, fusion inspection, and grafting of screw holes on September 19, 2012. The clinical note dated October 3, 2013 indicates the injured worker presented with continued low back pain radiating to the bilateral lower extremities. Physical assessment reveals tightness and tenderness in the paralumbar musculature, healed incision from previous surgical intervention, exquisite tenderness at L1-2 spinous process, pain on motion, and bilateral sciatic stretch test positive. The documentation indicates compounded topical medications were administered in office per physician instructions. The clinical note dated January 10, 2014 indicates the injured worker presented with ongoing low back pain with radiation to bilateral lower extremities with radiculopathy which have progressively worsened since the last visit. The injured worker reports pain continues to be primarily aggravated with increased physical activities. It is also noted prior urine drug screens did not detect the presence of Hydrocodone and Zolpidem which were prescribed medications. However, additional prescriptions for each medication were provided with 2 additional refills. Subsequent urine drug screens were obtained and the presence of Hydrocodone and Zolpidem were not detected. Medications include Norco 10/325mg Q 4-6 hours, Ambien 10mg QHS, Fluoroflex 100 grams cream, and TG Ice 180 grams cream. The initial request for Ambien 10mg #31 PO QHS PRN with 2 refills, Fluoroflex 180 grams cream apply a thin layer of the affected area twice daily as directed by physician, TG Ice 180 grams cream apply a thin layer to the affected area twice daily as directed by physician, and urinalysis (retrospective date of service January 10, 2014) was initially non-certified on February 18, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **AMBIEN 10MG, THIRTY COUNT WITH TWO REFILLS:** Upheld

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

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

**Decision rationale:** According to the Official Disability Guidelines (ODG) Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended two to six week window of use. The request for Ambien 10mg, thirty count with two refills, is not medically necessary or appropriate.

### **FLURIFLEX 180 GM CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The request for Fluriflex 180 gm cream is not medically necessary or appropriate.

### **TGICE 180GM CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines safety and efficacy of compounded medications.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The request for TGLOS 180 gm cream is not medically necessary or appropriate.

**URINALYSIS, PROVIDED ON JANUARY 10, 2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines drug testing is recommended. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This injured worker had multiple inconsistent urine drug screens indicating he was at "high risk" for addiction/aberrant behavior. The request for urinalysis, provided on January 10, 2014, is medically necessary and appropriate.