

Case Number:	CM14-0025103		
Date Assigned:	06/16/2014	Date of Injury:	10/22/2002
Decision Date:	07/31/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 60 year old male who injured his back on 10/22/2002 when he fell while carrying a computer downstairs. Progress report dated 05/21/2013 documented that the patient was being seen for back pain for 11 years. The patient reported about recurrent severe pains on certain nights, had to take sleeping pills to sleep, sharp pain for more than 1 year, worsening over weeks to months and mentioned about paravertebral muscle tenderness. Progress report dated 08/20/2013, the patient had complained of severe low back pain. The patient rated his pain as 9-10/10. The patient reported having difficulty sleeping due to his pain and the back pain getting worse with treatment. Objective findings on examination revealed a blood pressure 162/100. Examination of the lumbar spine revealed there was no deformity or tenderness on palpation. The range of motion was within normal limits. The special tests for nerve root disease were negative. Neurologic examination was normal. Extremities were all normal on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS DIS 15 MCG/HR, #4: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines (California MTUS) indicate that the topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. 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. In this case, there is no documentation of the patient's intolerance of these or similar medications taken on an oral basis/ there is no documentation that the patient failed other antidepressant and anticonvulsant for pain. Based on the Chronic Pain Medical Treatment Guidelines (California MTUS) and criteria as well as the clinical documentation stated above, the request is not medically necessary.

AMBIEN CR 12.5MG, #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 Pain, Zolpidem (Ambien).

Decision rationale: CA MTUS guidelines do not indicate the issue in dispute. The ODG recommends zolpidem for the short-term (usually two to six weeks) treatment of insomnia. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them 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. The medical records document that the patient was prescribed Ambien CR as early as 05/2013. Based on the ODG and criteria as well as the clinical documentation stated above, the request is not medically necessary.