

Case Number:	CM14-0026356		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2003
Decision Date:	09/10/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female with a reported date of injury on 06/06/2003. Her diagnoses were noted to include lumbar radiculopathy, cervical radiculopathy, cervical facet arthropathy, status post cervical fusion, cervical disc degeneration, chronic pain, medication related dyspepsia, and chronic constipation. Her previous treatments were noted to include epidural steroid injection, medications, surgery, physical therapy, and home exercise program. Her medications were noted to include Tizanidine 4 mg 1 three times a day for pain, Zolpidem 10 mg 1 at bedtime for insomnia, Norco 10/325 mg 1 every 6 hours for pain, gabapentin 600 mg 1 twice a day for neuropathic pain, EnovaRx-Ibuprofen 10% kit beneficial with intended effect at prescribed dose, MS Contin 15 mg 1 twice a day for pain, and Flector 1.3% patch 1 twice a day. The progress note dated 05/13/2014 revealed the injured worker complained of neck pain that radiated bilaterally to her hands accompanied by tingling as well as low back pain that radiated to her bilateral lower extremities, left greater than right. The injured worker also complained of depression, associated with ongoing pain and increased spasms in the left neck and low back. The injured worker rated her pain as 6/10 in intensity with medications and 10/10 in intensity without medications. The injured worker reported her pain had worsened since her last visit. The injured worker reported activities of daily living limitations in regards to activity, ambulation, hand function, and sleep. The injured worker indicated functional improvement with medications involved combing/washing hair, cooking, dressing, and driving. The injured worker reported her quality of life had improved as a result of the medications. The physical examination to the cervical spine revealed range of motion was limited with flexion to 50 degrees, extension to 40 degrees, left rotation to 70 degrees, and right rotation to 60 degrees. The physical examination of the lumbar spine noted a spasm in the L4-S1 bilateral paraspinous

musculature. Tenderness was noted upon the injured worker's spinal vertebral area at L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Motor examination showed decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. The straight leg raise test was positive bilaterally. The request for authorization form dated 05/28/2014 was for Tizanidine 4 mg for pain, hydrocodone 10/325 mg 1 every 6 hours #120 for pain, Enova RX-ibuprofen 10% kit; however, the provider's rationale was not submitted within the medical records. The request for authorization form was not submitted for Flector 1.3% patch #60, Zolpidem 10 mg #30, MS Contin 15 mg #60, and outpatient drug screen; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Flector 1.3% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for a Flector 1.3% patch #60 is not medically necessary. The Flector patch consists of Diclofenac Epolamine. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control 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 1 drug (or drug class) that is not recommended is not recommended. The guidelines state the efficacy in clinical trials were topical NSAIDS has been inconsistent and most studies were small and of short duration. 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. The guidelines state the indications for topical NSAIDS is osteoarthritis and tendonitis, in particular, that of the knee or elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDS for the treatment of osteoarthritis of the spine, hip, or shoulder. There is a lack of evidence to support the use of topical NSAIDS for neuropathic pain. The guidelines state Voltaren gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for the treatment of the spine, hip, or shoulder. The injured worker complained of neck and back pain to which the guidelines do not recommend topical NSAIDS. Additionally, Diclofenac Epolamine is not recommended by the guidelines and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prescription of Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

Decision rationale: The request for a prescription of Tizanidine 4 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The injured worker has been utilizing this medication for over 6 months and the guidelines recommend short-term use of muscle relaxants due to diminishing efficacy. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prescription of Zolpidem 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sleeping Medications, short acting nonbenzodiazepine hypnotic.

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

Decision rationale: The request for a prescription of Zolpidem 10 mg #30 is not medically necessary. The injured worker has been utilizing this medication since 09/2013. The Official Disability Guidelines state Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommends 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 they may increase pain and depression over the long-term. The progress note dated 05/13/2014 indicated the provider discontinued Ambien per the injured worker's request. The guidelines state Ambien is recommended for short-term use (usually 2 to 6 weeks). Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prescription of Hydrocodone Bit/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Narcotics (long term use of opiates).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for a prescription of hydrocodone bit/APAP 10/325 mg #120 is not medically necessary. The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker rated her pain as 6/10 in intensity with medications and 10/10 in intensity without medications. The injured worker indicated areas of functional improvement as a result of medications included combing/washing her hair, cooking, dressing, and driving. The injured worker reported her quality of life had been improved as a result of the medication therapy. There is a lack of documentation regarding side effects. A urine drug screen was performed 02/02/2014 which was consistent with therapy. The documentation provided did not indicate side effects and additionally the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prescription of MS Contin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for a prescription of MS Contin 15mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker rated her pain as 6/10 in intensity with medications and 10/10 in intensity without medications. The injured worker indicated areas of functional improvement as a result of medications included combing/washing her hair, cooking, dressing, and driving. The injured worker reported her quality of life had been improved as a result of the medication therapy. There is a lack of documentation regarding side effects. A urine drug screen was performed 02/02/2014 which was consistent with therapy. There is a lack of documentation regarding side effects and additionally the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prescription of EnovRx-Ibuprofen 10 kit, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for a prescription of EnovaRx-Ibuprofen 10 kit #1 is not medically necessary. The injured worker has been taking this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control 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 1 drug (or drug class) that is not recommended is not recommended. The guidelines state the efficacy in clinical trials were topical NSAIDS has been inconsistent and most studies were small and of short duration. 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. The indications for topical NSAIDS are osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDS for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDS for neuropathic pain as there is no evidence to support use. There is a lack of documentation regarding the need for topical ibuprofen and lack of documentation regarding the injured worker's inability to consume oral medications. Additionally, the guidelines indicate topical NSAIDS for short-term use for osteoarthritis and the injured worker does not have this diagnosis. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Outpatient Urine Drug Screen (UDS): Upheld

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: The request for an outpatient urine drug screen is not medically necessary. The injured worker had a previous urine drug screen 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines state to use a urine drug screen or inpatient treatment for injured workers with issues of abuse, addiction, or poor pain control. The injured worker had a urine drug screen 02/2014 which was consistent with therapy and therefore, a repeat urine drug screen is not warranted at this time. As such, the request is not medically necessary.