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| Case Number: | CM14-0027222 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 05/09/2013 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 02/13/2014 |
| 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 and is licensed to practice in Illinois. 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 31-year-old male with a reported date of injury on 05/09/2013. The mechanism of injury was reported as a fall. The injured worker presented with lumbar spine pain rated at 4/10. In addition, the injured worker complained of intermittent mild to moderate dull, achy, left shoulder pain, and left hand and thumb pain. The injured worker's left hip pain was rated at 5/10 with medication. In addition, within the clinical note dated 01/10/2014, the physician indicated the injured worker complained of sleep loss and suffers from depression and anxiety. Upon physical examination, the injured worker's lumbar spine revealed 3+ tenderness to palpation of the bilateral S1 joints, L3 to S2 spinous process, and lumbar paravertebral muscles. In addition, the injured worker presented with a positive left straight leg raise. The physical exam revealed 3+ tenderness to palpation of the left shoulder, 3+ tenderness to palpation and muscle spasm of the left wrist, and 3+ tenderness to palpation of the lateral hip and posterior hip. The lumbar spine range of motion revealed lateral tilt to 20 degrees bilaterally, and extension to 10 degrees. The lumbar MRI dated 06/02/2013 revealed a 2 mm disc protrusion at L5-S1. The NCV/EMG dated 07/30/2013 revealed an abnormal NCV with lumbar plexopathy and normal EMG. The injured worker's diagnoses included lumbar musculoligamentous injury, lumbar radiculopathy, left shoulder impingement syndrome, left shoulder myoligamentous injury, left de Quervain's disease, loss of sleep, depression and nervousness. The injured worker's medication regimen included hydrocodone, Flexeril, tramadol, Xanax, Ambien, naproxen, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ZOLPIDERM 10 MG #30 ON DATE OF SERVICE 01/22/2014:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (updated 1/7/14), Zolpidem (Ambien).

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 Official Disability Guidelines state that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. 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. According to the SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. According to the documentation provided for review, the injured worker has utilized Ambien prior to 01/28/2014. The clinical note dated 01/10/2014 indicates the injured worker complained of loss of sleep due to pain. There was a lack of objective clinical findings to include a sleep diary or hours slept, etc. The clinical note dated 01/28/2014 does not indicate the injured worker presented with any further complaints. In addition, the guidelines state Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. The request for continued use of Zolpidem exceeds the recommended guidelines. The request as submitted failed to provide frequency and directions for use. Therefore, the request for retrospective Zolpidem 10 mg #30 on date of service 01/22/2014 is not medically necessary.

RETROSPECTIVE CYCLOBENZAPRINE 7.5 MG #60 ON DATE OF SERVICE 01/22/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain, the effect is modest and comes with a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical documentation provided for review indicates that injured worker has utilized Flexeril prior to 01/28/2013. There was a lack of documentation related to the

functional and therapeutic benefit in the long-term use of Flexeril. In addition, the guidelines recommend Flexeril be utilized as a short of course of therapy, stating the effect is greatest in the first 4 days of treatment. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the retrospective request for cyclobenzaprine 7.5 mg #60 on date of service 01/22/2014 is not medically necessary.

RETROSPECTIVE GABAPENTIN CREAM 240 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 113.

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the California MTUS Guidelines state that gabapentin is not recommended for topical use. There was a lack of documentation related to the functional deficits and the rationale for the request. The clinical information lacks documentation related to trials of antidepressants or anticonvulsants having failed. In addition, the guidelines do not recommend gabapentin. Furthermore, the request as submitted failed to provide the frequency and specific site at which to utilize the gabapentin cream. Therefore, the retrospective request for gabapentin cream 240 gm is not medically necessary.

RETROSPECTIVE CARTIVISC 500/200/150 MG #90 ON DATE OF SERVICE 01/22/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The California MTUS Guidelines recommend glucosamine and chondroitin sulfate as an option, giving its low risk in patients with moderate arthritis pain especially for knee osteoarthritis. Studies have demonstrated a highly significant effectiveness from crystalline glucosamine sulfate on outcomes, including joint space narrowing, pain, mobility, and safety and response to treatment, but similar studies are lacking for glucosamine hydrochloride. The clinical documentation provided for review does not indicate any reports of osteoarthritis-type pain in the knees. The rationale for the request was not provided within the documentation available for review. The therapeutic and functional benefit related to the ongoing use of Cartivisc is not documented within the clinical information provided for review. In addition, the request as submitted failed to provide the frequency and directions for use.

Therefore, the retrospective request for Cartivisc 500/200/150 mg #90 on date of service 01/22/2014 is not medically necessary.