MAXIMUS Federal Services

Case Number:	CM14-0032936		
Date Assigned:	06/20/2014	Date of Injury:	10/12/2001
Decision Date:	09/05/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 injured worker is a 64-year-old male who reported an injury 10/12/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 02/21/2014 indicated diagnoses of lumbar discogenic pain status post work injury, possible bilateral lumbar facet pain L4-5 and L5-S1, possible pain related to hardware, right lumbosacral radicular pain, and right foot plantar fasciitis. The injured worker complained of constant axial type lower back pain status post work injury status post lumbar fusion L4-5, L5-S1 with residual new onset, radiated right upper extremity pain with on and off increased right sided lower back pain since 04/2013 with slow progression. The injured worker reported on and off flare up of back pain related to hardware. He reported his back pain initially was localized to lower back since 04/2013. He started noticing pain that radiated down his right lower extremity. The injured worker attributed his pain to his work activities. The injured worker was recommended conservative treatment with medication. The injured worker reported low back pain that radiated down the right lower extremity described as dull aching pain rated 5-8/10 that was aggravated by lying on his back, sitting for more than 30 minutes. The injured worker reported it was somewhat decreased with Norco. The injured worker was able to perform almost all activities; however, after a while the pain was aggravated with prolonged sitting and standing. The injured worker cannot sit, stand, or drive in 1 position. The injured worker reported he frequently changed positions to get comfortable. The injured worker reported his pain was limiting his work, home, social, outdoor and sexual activities. The injured worker reported he was placed on Norco, Ambien, Dendracin, and Flector. The provider discussed opioid medications, as well as side effects. The injured worker reported he had finished acupuncture and physical therapy and was working his regular job duties. On Physical examination of the lower back, there was tenderness from L4-S1 more on the right than on the left, right paravertebral muscle tenderness and bilateral

lumbar facet tenderness L4-5, L5-S1 right more than left. The injured worker was able to walk on toes without pain; however, the injured worker felt pain when walking on his heels. The injured worker had altered sensation on the lateral aspect of the right thigh compared to the left. Motor examination revealed mild weakness of the right lower extremity compared to the left. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Norco, Ambien, Dendracin, Flector patch, Motrin and Ultracin. The provider submitted request for the above medications. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco10/325 #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed Norco since at least 09/2013. This exceeds the guidelines recommendation for short term use. Additionally, the injured worker continues to report constant axial pain with the use of Norco. There is lack of functional improvement and efficacy with the use of this medication. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary and appropriate.

Prescription of Ambien 10 mg #30 with 1` refill: 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), 2012 (web), Pain Chapter, Insomnia Treatment.

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

Decision rationale: The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The injured worker has been prescribed Ambien since at least 10/25/2013. This exceeds the guidelines recommendation for short term use of 2 to 6 weeks. Moreover, the request does not indicate a frequency. Therefore, the request for Ambien is not medically necessary and appropriate.

Prescription of Dendracin Topical Cream: 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 Page(s): 111..

Decision rationale: The MTUS Chronic Pain Guidelines state 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. The MTUS Chronic Pain Guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated if the injured worker was intolerant to other treatments. Moreover, there is lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request does not indicate a dosage, frequency, or quantity. Therefore, the request is not medically necessary and appropriate.

Prescription of Flector Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector patches Topical Analgesics, Topical NSAIDS Page(s): 111.

Decision rationale: The MTUS Chronic Pain Guidelines indicates 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. 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 the use of topical NSAIDS are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated how long the injured worker had utilized the Flector patch. Moreover, the Flector patch is for short term use of 4 to 12 weeks. In addition, the request does not indicate a dosage, frequency, or quantity. Therefore, the request is not medically necessary and appropriate.

Prescription of Ibuprofen 600 mg #60 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-prescription medications, Ibuprofen Page(s): page 67.

Decision rationale: The MTUS Guidelines recommend nonprescription medications including Ibuprofen for the treatment of pain and inflammation. There was lack of documentation of efficacy and functional improvement. In addition, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary and appropriate.

Prescription of Ultracin for a 2 month supply: Upheld

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

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

Decision rationale: Ultracin contains (Methyl Salicylate 30%, Menthol 10%, Capsaicin 0.025%). The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. It was not indicated the injured worker had tried and failed other treatments. Moreover, the documentation submitted did not indicate the injured worker had findings that would indicate he was at risk for postherpetic neuralgia, diabetic neuropathy, or postmastectomy pain. Furthermore, the request did not indicate a dosage, frequency, or quantity. Therefore, the request is not medically necessary and appropriate.