

Case Number:	CM14-0036703		
Date Assigned:	06/27/2014	Date of Injury:	11/07/2001
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/26/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 7, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 13, 2014, the claims administrator denied a request for Qualaquin, denied a request for tramadol, and either denied or partially certified request for Ambien, Pepcid, Flexeril, Lidoderm, Ativan, and pramipexole. The claims administrator stated that the attending provider did not furnish enough information to support the need for these prescriptions, including pramipexole and Qualaquin. The applicant's attorney subsequently appealed. On August 13, 2013, the applicant was described as having persistent complaints of low back, neck, and bilateral upper extremity and bilateral lower extremity pain. The applicant was using Ambien, Pepcid, Flexeril, Lidoderm, Ativan, morphine, Norco, pramipexole, Qualaquin, and tramadol, it was stated on this occasion. The applicant was given trigger point injections. It was stated that the applicant apparently was in the process of pursuing a spinal cord stimulator trial. A variety of agents were refilled. On June 19, 2014, the applicant's psychologist cleared the applicant to undergo a spinal cord stimulator. On February 20, 2014, the applicant was described as having escalating complaints of neck pain, upper extremity pain, and low back pain. The applicant was trying to transfer care elsewhere, it was suggested. The applicant was using Ambien, Pepcid, Flexeril, Lidoderm, Ativan, Qualaquin, tramadol, Amitiza, Percocet, orphenadrine, pramipexole, and morphine, it was stated. The applicant had a BMI of 27, it was stated. The applicant's operating diagnoses included chronic neck pain, shoulder pain status post shoulder arthroscopy, neck pain status post hardware removal, and lumbar degenerative disk disease status post lumbar spine surgery in December 2012. The applicant was given a

prescription for tramadol on this occasion. There was no discussion of medication efficacy on this date. On June 7, 2014, the applicant reported 7/10 pain with medications and 10/10 pain without medications. It was stated that medications were generating constipation but that the medications were nevertheless effective. The applicant was using Ambien, Pepcid, Flexeril, Lidoderm, Ativan, Amitiza, Norflex, pramipexole, morphine, Percocet, tramadol, Adair, clonidine, estrogen, losartan-hydrochlorothiazide, nystatin, and albuterol on this occasion, it was stated. A variety of medications were refilled. The applicant stated that usage of medications allowed her to do errands, do laundry, and maintain her household.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg, thirty count with three 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication guide.

Decision rationale: The Medical Treatment Utilization Section (MTUS) does not address the topic of Ambien. However, the Chronic Pain Medical Treatment Guidelines does state that an attending provider using a drug for non-FDA labeled purchases should be well informed regarding usage of the same and should, furthermore, provide some compelling medical evidence to support provision of the same. In this case, the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to thirty-five days. In this case, the attending provider, however, is apparently prescribing Ambien for chronic, scheduled, and/or long-term use purposes. This is not appropriate, per the Food and Drug Administration (FDA). No medical evidence has been provided to counter the unfavorable FDA recommendation. Therefore, the request for Ambien CR 12.5mg, thirty count with three refills, is not medically necessary.

Famotidine 20mg, thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does suggest that usage of proton pump inhibitors such as famotidine is indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes provided do not make any mention of active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone.

Therefore, the request for Famotidine 20mg, thirty count with three refills, is not medically necessary or appropriate.

Flexeril 20mg, ninety count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request for Flexeril 20mg, ninety count with three refills, is not medically necessary or appropriate.

Lidoderm 5% patch (700mg/patch), sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence that the applicant has failed anticonvulsant and/or antidepressant and adjuvant therapy for chronic neuropathic pain. Therefore, the request for Lidoderm 5% patch (700mg/patch), sixty count with three refills, is not medically necessary or appropriate.

Lorazepam 1mg, sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, lorazepam or Ativan, a benzodiazepine anxiolytic, is not recommended for chronic or long-term use purposes, either as antispasmodic, an anxiolytic, or anticonvulsant. In this case, it is not clearly stated for what purpose lorazepam was being employed here. Nevertheless, the 60-tablet three-refill supply implies that the applicant is using the medication in question on a twice daily basis, the

purpose for which is not recommended, according to the Chronic Pain Medical Treatment Guidelines. Therefore, the request for Lorazepam 1mg, sixty count with three refills, is not medically necessary or appropriate.

Pramipexole 0.125mg, ninety count with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Varga Li, et al. Critical review of ropinirole and pramipexole- putative dopamine D#-rescptor selective agonists- for the treatment of RLD. J Clin Pharm ther. 2009 Oct, 34(5):493-505.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Pramipexole Medication Guide.

Decision rationale: While the MTUS does not address the topic, the Chronic Pain Medical Treatment Guidelines state that an attending provider employing a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. In this case, however, the Food and Drug Administration (FDA) notes that pramipexole is a prescription medication used to treat symptoms of Parkinson's disease and/or restless leg syndrome. In this case, however, the attending provider has not given the applicant a diagnosis of either Parkinson's disease or restless leg syndrome. There was no description of the applicant having involuntary tremors associated with parkinsonism and/or other signs and symptoms of restless leg syndrome on any recent progress note provided. No rationale for selection and/or ongoing use of this particular agent was provided. Therefore, the request for Pramipexole 0.125mg, ninety count with three refills, is not medically necessary or appropriate.

Qualaquin 324mg, thirty count with three refills: 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 Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Qualaquin Medication Guide.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines state that attending providers using drugs for non-FDA labeled or non-FDA approved purposes should be well informed regarding usage of the same and should, furthermore, furnish compelling medical evidence to support such usage. In this case, however, the attending provider has not furnished any compelling medical evidence, rationale, or narrative commentary which would support provision of Qualaquin here. It is not clearly stated for what purpose Qualaquin is being employed. Qualaquin, per the Food and Drug Administration (FDA), is an antimalarial. In this case, there is no evidence that the applicant carries a diagnosis of malaria for which Qualaquin

would be indicated. Therefore, the request for Quaalun 324mg, thirty count with three refills, is not medically necessary or appropriate.

Tramadol HCL 50mg, 120 count with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant has not returned to work, the attending provider has recounted reductions in pain levels from 10/10 to 7/10 with ongoing tramadol usage. The applicant is reportedly able to perform basic household chores as well as self-care and personal hygiene reportedly achieved, in part, as a result of ongoing tramadol usage. Therefore, the request for Tramadol HCL 50mg, 120 count with three refills, is medically necessary and appropriate.