

Case Number:	CM14-0039401		
Date Assigned:	08/29/2014	Date of Injury:	07/11/2012
Decision Date:	10/27/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 46-year-old male who was injured on July 11, 2012. The diagnoses are low back pain and painful muscle spasm. There are associated diagnoses of insomnia, obesity and sleep apnea. On September 11, 2013, there were subjective complaints of low back pain radiating to the lower extremities with associated numbness and tingling sensations. There were objective findings of tenderness in paraspinal muscles, positive straight leg raising test, decreased range of motion of the lumbar spine and decreased sensation along the left L4 to S1 dermatomes. ■■■■■ recommended lumbar microdiscectomy surgery. There were chiropractic treatments by ■■■■■. The urine drug screen (UDS) on September 4, 2013 was inconsistent with negative hydrocodone and negative cyclobenzaprine. The UDS on February 14, 2014 was inconsistent positive non-prescribed codeine/morphine. A Utilization Review determination was rendered on March 1, 2014 recommending retrospective non certifications for zolpidem (10mg, #30, DOS: 2/17/2014), omeprazole (#60, DOS: 2/17/2014), Cartivisc (500/200/150, #90), hydrocodone (10/325mg, # 60), cyclobenzaprine (7.5mg, #60), Urine Drug Screen (DOS: 2/17/2014), 1 follow-up Urine Drug Screen, topical compound (flurbiprofen 20%, lidocaine 10%, and dexamethasone 4%, 240gm), and topical compound (tramadol 10%, camphor 2%, menthol 2.5%, capsaicin 0.0375%, diclofenac 20% and Ketoprofen 10%, 240gm).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zolpidem (10mg, #30, dispensed on 2/17/14): 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): Pain (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Insomnia

Decision rationale: The California MTUS Guidelines recommend that use of hypnotics and sedatives for insomnia should be limited to periods of less than 4 weeks to decrease the development of tolerance, dependency, addiction and adverse interactions with other sedatives and opioids. The records indicate that the patient had utilized zolpidem longer than the recommended 4 weeks duration. The patient is also utilizing opioids and other sedatives. The criteria for the retrospective use of zolpidem, was not met; therefore, the request is not medically necessary.

Retrospective Omeprazole (20mg, #60, dispensed on 2/17/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs), Omeprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-71.

Decision rationale: The California MTUS Guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications during chronic NSAIDs treatment. The records indicate that the patient is on chronic treatment with naproxen. The patient is also utilizing multiple medications including several topical NSAIDs further increasing the risk of gastrointestinal complications. The criterion for the retrospective use of omeprazole was met; therefore, the request is medically necessary.

Retrospective Cartivisc (500/200/150mg, #90, dispensed on 2/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate),. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Knee & Leg (Acute & Chronic), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 49-50.

Decision rationale: The California MTUS Guidelines recommend that chondroitin and glucosamine can be beneficial for prophylactic treatments of joints osteoarthritis. The records indicate that the patient is awaiting surgery for the treatment of lumbar radicular pain. The records did not show that Cartivisc is being utilized for knee osteoarthritis. Cartivisc contains

glucosamine (500), chondroitin (150) and Coumarin (200). The criterion for the retrospective use of Cartivisc was not met; therefore, the request is not medically necessary.

Retrospective Hydrocodone/APAP (10/325mg, #60, dispensed on 2/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 123.

Decision rationale: The California MTUS Guidelines recommend that opioids can be utilized for the treatment of exacerbations of chronic musculoskeletal pain that did not respond to treatment with NSAIDs and physical therapy. The record indicate that the patient had 2 inconsistent urine drug tests showing aberrant behavior. The patient is also utilizing other sedatives further increasing the risk for adverse drug interaction. The criterion for retrospective prescription of hydrocodone was not met. Therefore, the request is not medically necessary.

Retrospective Cyclobenzaprine HCL (7.5mg, #60, dispensed on 2/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend that the use of muscle relaxants during periods of exacerbations of musculoskeletal pain should be limited to less than 4 weeks to minimize the development of tolerance, dependency, addiction and adverse interaction with other sedatives. The records indicate that the patient had utilized cyclobenzaprine longer than the recommended 4 weeks period. The UDS on September 4, 2013 was negative for prescribed cyclobenzaprine. The criterion for the retrospective prescription of cyclobenzaprine was not met. Therefore, the request is not medically necessary.

Retrospective Urine Drug Screen (performed on 2/17/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Opioids Page(s): 42-43, 74-96, 123.

Decision rationale: The California MTUS Guidelines recommend that UDS for opioid compliance monitoring be conducted at initiation of treatment, then randomly 3-4 times a year

and additional tests for 'red flag' behavior or for cause. The records indicate that the last UDS dated September 4, 2013 was inconsistent for the absence of prescribed hydrocodone and cyclobenzaprine. The criterion for retrospective UDS was met. Therefore, the request is medically necessary.

One Follow-Up Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Opioids Page(s): 42-43, 74-96, 123.

Decision rationale: The California MTUS Guidelines recommend that UDS for opioid compliance monitoring be conducted at initiation of treatment, then randomly 3-4 times a year and additional tests for 'red flag' behavior or for cause. The records indicate that the UDS dated September 4, 2013 was inconsistent for the absence of prescribed hydrocodone and cyclobenzaprine. The UDS dated February 14, 2014 was inconsistent for the presence on non-prescribed codeine/morphine. The criterion for one follow up UDS was met. Therefore, the request is medically necessary.

Topical Compound (Flurbiprofen 20%, Lidocaine 10%, and Dexamethasone 4%, 240-grams): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Transdermal Cream. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN).

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

Decision rationale: The California MTUS Guidelines recommend that topical analgesic preparations can be utilized for the treatment of neuropathic pain when anticonvulsant and antidepressants cannot be tolerated or have failed. It is recommended that topical agents be tried and evaluated individually for efficacy. The records did not show that treatment with first line medications have failed. There is increased risk of NSAIDs related complications by utilizing multiple NSAIDs. The criterion for the use of the topical compound was not met; therefore, the request is not medically necessary.

Topical Compound (Capsaicin 0.0375%, Diclofenac 20%, Tramadol 10%, Ketoprofen 10%, Camphor 2%, and Menthol 2.5%, 240-grams): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Cream, Topical NSAIDs.

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

Decision rationale: The California MTUS Guidelines recommend that topical analgesic preparations can be utilized for the treatment of neuropathic pain when anticonvulsant and antidepressants cannot be tolerated or have failed. It is recommended that topical agents be tried and evaluated individually for efficacy. The records did not show that treatment with first line medications have failed. There is increased risk of NSAIDS related complications by utilizing multiple NSAIDs. There is no guidelines or FDA support for the utilization of topical tramadol, camphor or menthol in the treatment of chronic musculoskeletal pain. The criterion for the use of the topical compound was not met; therefore, the request is not medically necessary.