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| <b>Case Number:</b>   | CM14-0040071 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 12/29/2004 |
| <b>Decision Date:</b> | 08/22/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/04/2014 |

### 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:

This 46 year old patient had a date of injury on 12/29/2004. The mechanism of injury was not noted. On progress note dated 1/10/2014, the patient complains of aching low back along with bilateral lower extremity radiculopathy that has progressively gotten worse since last visit. Objective findings include tenderness to palpation over the paraspinous musculature of the lumbar region, bilaterally. Spasm was noted with lumbar range of motion. Diagnostic impression showed two-level lumbar discopathy, status post two-level lumbar fusion with hardware-related pain, status post lumbar hardware removal. Treatment to date: medication therapy, behavioral modification. A UR decision on 3/14/2014 denied the request for Norco 10/325mg #60, Ambien 10mg #30, Flur Mild cream (Flurbiprofen/Capsaicin/Menthol 20/0.025/5%) 240gm, and re-evaluation within 6 weeks. The rationales for the denials were not found in the reports viewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 1 PO QHS PRN:** Upheld

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

**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, Ambien.

**Decision rationale:** ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. In a progress note dated 11/22/2013, the patient's medication regimen included Ambien, which far exceeds the recommended use of 2-6 weeks. In the reports viewed, no rationale was provided that justified the continued use of this medication. Furthermore, there was no discussion regarding improvements in the patient's sleeping habits. Lastly, a urine drug screen dated 2/7/2014 did not provide a result consistent with Ambien compliance. Therefore, the request for Ambien 10mg #30 is not medically necessary.

**Flur mild (Flurbiprofen/Capsaicin/Menthol 20/0.025/5%) 240gm cream:** 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): 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is then not recommended. In the reports viewed, there was no discussion of the patient failing any first line treatments. No rationale was provided as to why the patient cannot utilize oral medications and would require topical formulations. Therefore, the request for Flur mild 240gm is not medically necessary.

**Norco 10/325mg #60 1 po q4-6h prn:** 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): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress note dated 1/10/2014, the doctor reports the Norco has been effective because it allows the patient to perform activities of daily living, and has been providing relief with patient's severe pain. However, in a urine drug screen dated 2/7/2014, the patient has inconsistent results

showing noncompliance with the medication. Therefore, the request for Norco 10/325 #60 is not medically necessary.

**Re-evaluation within six weeks:** Overturned

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

**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.

**Decision rationale:** ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Therefore, the request for re-evaluation within 6 weeks is medically necessary.