

Case Number:	CM14-0041579		
Date Assigned:	06/30/2014	Date of Injury:	11/06/2012
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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:

Patient is a 61-year-old male who has submitted a claim for status post L4-L5 and L5-S1 anterior fusion, cervical stenosis, and upper GI bleed associated with an industrial injury date of 11/06/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain with radiation towards the right lower extremity, and neck pain radiating to the right upper extremity. He denied new weakness or numbness post-lumbar surgery. Patient likewise reported sleep difficulty secondary to chronic pain. Patient had epigastric pain from use of multiple oral medications. Physical examination showed muscle spasm and well-healed incisions at the lumbar area. Strength of lower extremities was graded 5/5. Sensation was intact. Epigastric tenderness was evident. Physical examination of the cervical spine showed tenderness, restricted motion, positive cervical compression test and Soto Hall test. Treatment to date has included lumbar fusion surgery on 12/26/2013, cervical epidural steroid injection, physical therapy, and medications such as Norco, Valium, Flexeril, Ambien and Imitrex. Utilization review from 03/21/2014 modified the request for Norco (hydrocodone/apap 10/325 mg) tabs #150, sig: 1-2 tablets by mouth every 6 hours as needed for pain (max 5/day) into #75 with no refills for weaning purpose due to lack of documentation on functional improvement and continued analgesia; denied the request for diazepam (Valium) 10mg tabs #120, sig: one tablet every 6 hours as needed for anxiety/pain with no refill because long-term use was not recommended; modified the request for Flexeril (cyclobenzaprine 10mg) tabs #90, sig: one tablet by mouth three times a day as needed for spasms with no refill into #60 because long-term use was not recommended; denied Ambien (zolpidem tartrate 10mg) tabs #30, one tablets by mouth every night as needed for insomnia with no refill because long-term use was not recommended; certified the request for Imitrex (sumatriptan succinate 50mg) tabs #12, sig: one tablet by mouth two times a day as needed for headaches with no refill because triptans were

recommended for migraine; and certified Kera-tek gel - 4 oz apply a thin layer to affected area two-three times daily as directed by physician because topical salicylates can be considered useful in acute and chronic pain conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP 10/325 mg) #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since September 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco (Hydrocodone/APAP 10/325 mg) #150 is not medically necessary.

Valium Diazepam 10mg tabs #120 with no refills: Upheld

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

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on diazepam since September 2013. However, there was no documentation concerning functional improvement derived from its use. Furthermore, diazepam is not recommended for long-term use as stated by the guidelines. The medical necessity has not been established. Therefore, the request for Valium Diazepam 10mg tabs #120 with no refills is not medically necessary.

Flexeril (Cyclobenzaprine 10mg) tabs #90 no 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): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since September 2013. Patient reported pain relief from 8 to 6/10 in severity upon its use. The most recent physical examination was still evident for muscle spasm at the paralumbar area. However, long-term use is not recommended. Therefore, the request for Flexeril (Cyclobenzaprine 10mg) tabs #90 no refills is not medically necessary.

Ambien (Zolpidem Tartrate 10mg) tabs #30 with no 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, PAIN CHAPTER.

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 CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem was used instead. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been using Ambien since September 2013. However, there has been no discussion concerning the patient's sleep hygiene to warrant the use of a sleeping aid. In addition, long-term use is not recommended. Therefore, the request for Ambien (Zolpidem Tartrate 10mg) tabs #30 with no refills is not medically necessary.

Imitrex (Sumatriptan Succinate 50mg) tabs #12 with no 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, Triptans.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, ODG was used instead. According to ODG, Triptans are recommended for migraine sufferers. In this case, patient has been on Imitrex since September 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Moreover, the most recent progress reports failed to document subjective complaints of headache. The medical necessity has not been established. Therefore, the request for Imitrex (Sumatriptan Succinate 50mg) tabs #12 with no refills is not medically necessary.

Keratek gel - 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: An online search indicates that Keratek contains menthol and methyl salicylate. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request for Keratek gel - 4 oz is not medically necessary.