

Case Number:	CM14-0045776		
Date Assigned:	07/02/2014	Date of Injury:	05/01/2008
Decision Date:	08/26/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 is a 67-year-old male with a 5/1/08 date of injury. The mechanism of injury was not noted. A utilization review decision dated 3/17/14 referred to an orthopedic report dated 1/6/14. The report was not provided for review. The patient presented with continued chronic lower back pain, however, the main complaint continued to be right hip pain with walking and instability that significantly interfered with bending, stooping, squatting, prolonged standing, and walking. Objective findings: decreased range of motion in all planes of right hip; antalgic gait and has difficulty standing from a seated position; only able to internally rotate the hip to approximately 10; spasm, tenderness, and guarding are noted in paravertebral musculature of lumbar spine. Diagnostic impression: thoracic or lumbosacral neuritis or radiculitis, shoulder bursae and tendon disorders, brachial neuritis or radiculitis, sprains and strains of shoulder. Treatment to date: medication management. A utilization review decision dated 3/17/14 denied the requests for Zolpidem, Cidaflex, Norflex, Terocin patch, and Gabapentin. Regarding Zolpidem, guidelines do not support ongoing sleep medications. The primary physician has not addressed the issue of sleep hygiene in this patient and has not addressed the goals to be achieved, or the duration on the use of this medication. This case is chronic and long-term use of a hypnotic is not recommended as first-line treatment. Regarding Cidaflex. Cidaflex is indicated in patients with arthritis, especially knee arthritis. The primary treating physician has not presented evidence of osteoarthritis, such as joint space narrowing and joint pain in the patient's affected joints. Regarding Norflex, the patient has no documentation of an acute exacerbation. Guidelines do not support muscle relaxants as they do not show benefit beyond NSAIDs in pain and overall improvement. Regarding Terocin patch, guidelines note that there are limited studies on the efficacy of topical agents for chronic pain. It is not considered first-line treatment. Regarding Gabapentin, there is no documentation of motor weakness, muscle atrophy, dermatomal sensory

deficit, and abnormal deep tendon reflexes indicating neuropathic pain. Gabapentin is indicated in the treatment of neuropathic pain, which is not evident in the available reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Zolpidem Tartrate: 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).

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 Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA) (Ambien).

Decision rationale: California MTUS does not address this issue. Official Disability Guidelines (ODG) and the Food and Drug Administration (FDA) state that "Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia." Due to the lack of physician progress reports provided for review, the duration of time that the patient has been taking Zolpidem cannot be determined. Guidelines do not support the long-term use of Zolpidem. Furthermore, the retrospective date, strength, and quantity of Zolpidem were not provided in this request. Therefore, the request for Retro: Zolpidem Tartrate was not medically necessary.

RETRO: Cidaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Arthritis, knee osteoarthritis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: California MTUS states that "Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." Due to the lack of physician progress reports provided for review, it is unknown if the patient has a diagnosis of arthritis. In addition, the retrospective date and quantity were not provided in this request. Therefore, the request for Retro: Cidaflex was not medically necessary.

RETRO: Norflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/norflex.html>.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines, state that "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. An online search identified Norflex as an injectible muscle relaxant used for the short-term treatment of painful muscle conditions. It is used along with rest and physical therapy. Due to the lack of physician progress reports provided for review, it is unknown how long the patient has been using Norflex injections. Guidelines do not support the long term use of muscle relaxants. In addition, the quantity of Norflex was not provided in this request. Therefore, the request for Retro: Norflex was not medically necessary.

RETRO: Terocin Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that "topical Lidocaine in the formulation of a Dermal patch has been designated for orphans status by the Food and Drug Administration for neuropathic pain." In addition, California MTUS states that "topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) anti-depressants or an Antiepileptic Drug (AED) such as Gabapentin or Lyrica)." Due to the lack of physician progress notes provided for review, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. In addition, the retrospective date and quantity were not provided in this request. Therefore, the request for Retro: Terocin patch was not medically necessary.

RETRO: Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anit-epilepsy drug (AEDs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA) (Neurontin).

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines states that "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Due to the lack of physician progress notes provided for review, there is no way of determining whether or not the patient's condition has a neuropathic component. In addition, the retrospective date, strength, and quantity of this medication were not provided in this request. Therefore, the request for Retro: Gabapentin was not medically necessary.