

Case Number:	CM14-0047216		
Date Assigned:	07/02/2014	Date of Injury:	07/25/1982
Decision Date:	08/27/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/15/2014

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 61 year-old male patient with a 7/25/1982 date of injury. The mechanism of injury was not documented. On 1/31/2014 the patient presented with worsening back pain. He stated it took him 3 hours to get up in the morning. The patient said the Amrix and the Norco worked, but it took quite some time for the drugs to take effect. The patient also stated that his sleep was worse even though he was taking Zolpidem. In a progress note dated 3/6/2014 the patient was referred to an inpatient rehabilitation program for narcotic detoxification. This request was denied. The patient was currently taking Amrix, Norco, Zolpidem, Celebrex, and using Voltaren gel. The patient stated all of his anxiety and depression was caused by dealing with workers' compensation. Physical examination revealed chronic low back pain, forward flexion at 20 degrees limited by stiffness, straight leg raise was not done due to habitus, stiffness and pain. The diagnostic impression is lumbago, sciatica, and muscle spasms. Treatment to date has included heat massage, aqua therapy, and medication management. A UR decision dated 4/1/2014 denied Zolpidem, Amrix, Celebrex, Hydrocodone/APAP (Norco), and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, INSOMNIA TREATMENT.

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 Guidelines and the FDA state that Zolpidem is approved for short-term (usually 2-6 weeks) for the treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Zolpidem for long-term use. Furthermore, on a 1/31/2014 progress note, the patient complained that his insomnia had gotten worse while taking Zolpidem. Therefore, the request is not medically necessary.

AMRIX 15 MG: Upheld

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

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

Decision rationale: 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 nonsteroidal anti-inflammatory drugs (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. Amrix is an extended release form of Cyclobenzaprine, a skeletal muscle relaxant with central nervous system depression. Cyclobenzaprine is only recommended for a short course of therapy usually no longer than 2-3 weeks. This patient has been taking it chronically. The sedation produced by the Amrix only augments any sedatory side effects produced by the patients' opioid use. However, even the short-term use of Cyclobenzaprine is only recommended in acute exacerbations of symptoms. There was no documentation of any acute episodes in the progress notes. Therefore, the request is not medically necessary.

CELEBREX 200 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition,

Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications. Celebrex is recommended for osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. It is also indicated in patients with risk of GI complications using non-selective NSAIDs. However, this patient does not have any of these diagnoses or is being treated for acute pain. Furthermore, there was no documentation of any GI complications. Therefore, the request is not medically necessary.

HYDROCODONE/ACETAMINOPHEN 10-325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: 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. The patient is taking 60 Morphine equivalents per day dosage of Hydrocodone/APAP. According to MTUS Guidelines, opioids are not recommended as a first-line treatment for non-malignant pain, and not recommended for patients at high risk for misuse, diversion, or abuse. The patient has been on opioids chronically. There is no documentation of any improvement of functionality or reduction of pain using the current opioid regimen. There was no documentation of urine drug screens, an opiate contract, Controlled Substance Utilization Review and Evaluation System (CURES) monitoring, any reports of side effects, or absence of aberrant behavior. Therefore, the request is not medically necessary.

VOLTAREN GEL 1 %: Upheld

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

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

Decision rationale: MTUS Guidelines state that Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. Voltaren gel is a topical non-steroidal anti-inflammatory agent. MTUS Guidelines regards these topical analgesics as largely experimental in use with few randomized controlled trials to determine efficacy or safety. It states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, there was no documentation of any trials of these first-line agents in the reports. Furthermore, the pain was not documented to be osteoarthritic in nature. Therefore, the request is not medically necessary.

