

Case Number:	CM14-0050187		
Date Assigned:	08/08/2014	Date of Injury:	02/15/2006
Decision Date:	09/11/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/17/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, spinal stenosis, and major depressive disorder reportedly associated with an industrial injury of February 15, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; topical compounds; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 15, 2014, the claims administrator failed to approve a request for Relafen, zaleplon, Flexeril, Norco, Neurontin, ketamine, and Doxepin cream. The claims administrator seemingly denied request for the doxepin cream on the grounds that it was not discussed in MTUS, it is incidentally noted. The applicant's attorney subsequently appealed. In an appeal letter dated April 21, 2014, the attending provider wrote that the applicant had persistent complaints of low back, left arm, mid back, left shoulder, and knee pain. The applicant had developed posttraumatic depression, it was stated. 4-5/10 pain was noted with medications versus 8-9/10 pain prior to surgery, it was stated. The applicant still had some radicular pain about the left lateral thigh, it was stated. The attending provider stated that the claims administrator should also pay for the applicant to have dental treatment. The applicant's work status was not furnished. On March 20, 2014, the applicant reported persistent complaints of low back pain. 4-5/10 pain was noted with medications. The applicant still had burning paresthesias about the left leg. The attending provider stated that the applicant was working part time as a janitor. The applicant's knee brace has worn out. A new knee brace, physical therapy, and multiple medications were renewed. The attending provider posited that the applicant had improved through a combination of medications and surgery. It

was stated that the applicant was using zaleplon for sleep. In contrast to the pain medication, it was not clearly stated whether or not zaleplon was effective or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumentone-relafen 500mg qty #180: Overturned

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 Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Relafen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, the applicant has appropriate analgesia with ongoing Relafen usage. The applicant's pain levels have reportedly dropped from 8-9/10 to 4-5/10 with ongoing medication usage, including ongoing Relafen usage. The applicant's maintaining part-time work status as a janitor with usage of Relafen and other medications does, moreover, constitute evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of the same. Therefore, the request is medically necessary.

Zaleplon 10mg qty #30: 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): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Sonata Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of zaleplon usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA), however, states that Sonata is indicated for the short-term treatment of insomnia, for up to 30 days. Sonata is not, thus, indicated for the chronic, long-term, and/or scheduled use purpose for which it is seemingly being employed here. No applicant-specific rationale or medical evidence was furnished to offset the unfavorable FDA position on the same. Therefore, the request is not medically necessary.

Cyclobenzaprine-Flexeril 7.5mg qty #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other agents, both oral and topical. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Hydrocodonebit/apap 325mg qty #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has apparently returned to part-time work as a janitor and is reportedly tolerating appropriately. The applicant is reporting appropriate reductions in pain levels from 8-9/10 without medications and surgery to 4-5/10 with medications, following surgery. Continuing Norco, then, on balance, is indicated. Therefore, the request is medically necessary.

Gabapentin 500mg qty #240: Overturned

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 Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and function with the same. In this case, the applicant's maintaining part-time work status as a janitor does constitute evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of gabapentin. This, coupled with the applicant's reports of diminished pain in the 4-5/10 range with medications, does suggest that continuing gabapentin is indicated here. Therefore, the request is medically necessary.

Ketamine 5% cream 60 qty #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketamine section Page(s): 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, ketamine cream is deemed "under study" and recommended only for treatment in neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including gabapentin and Norco, effectively obviates the need for the ketamine containing topical compounded cream. Therefore, the request is not medically necessary.

Doxepin 3.3% cream 60gm qty #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing, reportedly successful usage of numerous first-line oral pharmaceuticals, including Norco and Neurontin, taken together, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the doxepin containing cream in question. Therefore, the request is not medically necessary.