

Case Number:	CM14-0053124		
Date Assigned:	07/07/2014	Date of Injury:	05/01/2008
Decision Date:	08/28/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is 44-year-old male who has submitted a claim for stain/sprain of the lumbar spine, superimposed on multilevel degenerative changes from L2-3 through L5-S1, more significant at L4-5 and L5-S1 associated from an industrial injury date of May 1, 2008. Medical records from 2013 were reviewed, the latest of which dated April 29, 2013 revealed that the patient complains of a constant, dull to sharp, daily pain in his lower back that radiates into his legs and calves, greater on the left. He has numbness and tingling in his legs. His symptoms increases with driving, bending, sleeping, lifting and with prolonged standing/walking. His symptoms improve with the use of medications. He is currently experiencing a depressed mood and loss of interest or pleasure. On physical examination, there was tenderness over the bilateral lumbosacral paraspinals. There was evidence of paravertebral muscle spasm, bilaterally with flattening. The ankle jerk was decreased on the right. Straight leg raise in the seated position was positive at 70 degrees, bilaterally and markedly on the left. Straight leg raise in the supine position was positive at 30 degrees on the right and 20 degrees on the left. The Lasegue's test was positive, bilaterally. The FABERE maneuver was positive, bilaterally. There was decreased sensation over the medial aspect of both legs. Treatment to date has included epidural steroid injection, lumbar traction, physical therapy, home exercise program, and medications, which include Vicodin, Motrin, Norco, Oxycodone, Soma, Ambien, fluoxetine, Terocin, gabapentin and Medrox patch. Utilization review from April 4, 2014 denied the requests for Fluoxetine 20mg, QTY: 90 (DOS: 3/6/14), Terocin DIS 4-4% #20 QTY: 20 (DOS: 3/6/14), Zolpidem 5mg, QTY: 60 (DOS: 3/6/14), and Gabapentin 300mg, QTY: 100 (DOS: 3/6/14) because the patient's diagnoses and clinical findings are unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fluoxetine 20mg, QTY: 90 (DOS: 3/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antidepressants.

Decision rationale: As stated on pages 13-14 of the California MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. The progress report dated April 29, 2013 revealed presence of pain and depressive symptomatology. The request does not specify if the medication is for the chronic pain or for the depressive symptoms. The medical necessity for fluoxetine cannot be established. Therefore, the retrospective request for Fluoxetine 20mg, QTY: 90 is not medically necessary.

Retrospective Terocin DIS 4-4% #20 QTY: 20 (DOS: 3/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical: Formulations; Topical NSAIDs; Topical Analgesic Page(s): 28-29, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin; Topical Lidocaine, Topical Salicylates Page(s): 105, 111-113.

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, California MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, California MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, California 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. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topical is significantly better than placebo in chronic pain. The progress report dated April 29, 2013 revealed presence of chronic pain. However, while the patient presents with chronic pain complaints, specific response to Terocin treatment was not assessed. It was not clearly documented why Terocin lotion was first initiated, and ongoing repeat prescriptions were not based on assessment of treatment response. In addition, guidelines

state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains lidocaine that is not recommended for topical use. Therefore, the retrospective request for Terocin DIS 4-4% #20 QTY: 20 is not medically necessary.

Retrospective Zolpidem 5mg, QTY: 60 (DOS: 3/6/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision on the Non-MTUS Work Loss Data Institute, ODG Treatment in Workers' Compensation, 5th Edition, Zolpidem (Ambien).

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 California 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, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. The patient has been on zolpidem since April 2013. The most recent clinical evaluation does not document subjective or objective finding that support the diagnosis of insomnia. There was no discussion concerning the patient's sleep hygiene. Moreover, the extension of treatment will exceed the guideline recommendation period of 2-6 weeks. The medical necessity for zolpidem was not established. Therefore, the retrospective request for Zolpidem 5mg, QTY: 60 is not medically necessary.

Retrospective Gabapentin 300mg, QTY: 100 (DOS: 3/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Gabapentin Page(s): 16-17, 49.

Decision rationale: As stated on pages 16-17 of the California MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The progress report dated April 29, 2013 revealed neuropathic pain that presented as numbness and tingling in the legs, and decreased sensation over the medial aspect of both legs. Guidelines support the use of gabapentin for neuropathic pain. However, there is no more recent clinical evaluation that would support the presence of neuropathic pain at present. The medical necessity for gabapentin was not established. Therefore, the retrospective request for Gabapentin 300mg, QTY: 100 is not medically necessary.