

Case Number:	CM14-0074907		
Date Assigned:	07/16/2014	Date of Injury:	07/30/2001
Decision Date:	08/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 61-year-old male who reported an injury on 07/30/2001. The injured worker's medication history included Zolpidem Tartrate 10 mg (1 tablet at bedtime), Naproxen Sodium 550 mg (1 daily), Omeprazole DR 20 mg (once daily), Flector 1.3% patches (12 hours on and 12 hours off), Orphenadrine ER 100 mg tablets (1 by mouth twice a day), and Norco 5/325 (1 tablet as needed) #60 as of at least 12/2013. Other treatments included chiropractic care, acupuncture, a laminectomy, foraminotomy, micro discectomy at L4-L5, L5-S1 on 03/05/2002, a re-exploration at L4-L5, and L4-S1 on 07/09/2002 and another re-exploration on 03/23/2004. The injured worker was noted to be utilizing Flector patches, opiates, and NSAIDs as well as muscle relaxants in 2011. The injured worker underwent a magnetic resonance imaging (MRI) and an electromyography (EMG). The injured worker was using Zolpidem and proton pump inhibitors (PPIs) as of at least 12/2013. Documentation of 04/16/2014 revealed the injured worker had severe low back pain with pain radiating to the bilateral lower extremities causing numbness, tingling, and weakness. The documentation indicated the injured worker had not undergone therapy recently. The diagnoses included lumbar radiculopathy and postsurgical status not elsewhere classified. The medications were noted to be refilled, which included Zolpidem Tartrate tablets 10mg, 1 tablet at bedtime, #30 is not medically necessary; Omeprazole DR 20 mg capsules (1 daily) with 2 refills; Flector 1.3% patches (apply 1 patch for 12 hours on and 12 hours off) #60 with 2 refill; Orphenadrine ER 100 mg tablets (1 twice a day) #60 with 2 refill; and Hydrocodone/APAP 10/325 tablets (1 tablet twice a day) #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate Tablets 10mg - 1 tablet at bed time #30: 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), Formulary/Pain Chapters, Non-Benzodiazepine Sedative-Hypnotics.

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 Official Disability Guidelines indicate that Zolpidem is recommended for short-term treatment of insomnia for up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication at least since 12/2013. There was a lack of documented efficacy. There was a lack of documentation indicating objective functional benefit that was received. Given the above, the request for Zolpidem Tartrate tablets 10mg, one tablet at bedtime, #30 is not medically necessary.

Omeprazole Dr 20mg -1 tab daily #30 with refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors (PPIs) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 12/2013 as it was indicated the request on that date was for a refill. There was a lack of documented efficacy for the requested medication. There was a lack of documentation indicating a necessity for two refills without re-evaluation. Given the above, the request for Omeprazole DR 20mg, 1 tab daily #30 with 2 refills is not medically necessary.

Flector 1.3% Patch apply 1 patch for 12 hours then off for 12 hours, #60 with refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-48, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs Page(s): 111.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primary

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short-term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 2011. There was a lack of documented efficacy for the requested medication. There was a lack of documentation indicating the physical body part that would be treated with the Flector patch. There was a lack of documentation indicating a necessity for two refills without re-evaluation. Given the above, the request for Flector 1.3% Patch apply 1 patch for 12 hours then off for 12 hours, #60 with 2 refills is not medically necessary.

Orphenadrine ER 100mg -1 tab twice daily #60 with refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their [muscle relaxants] use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized muscle relaxants since 2011. There was a lack of documentation of objective functional improvement and there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The clinical documentation failed to indicate a necessity for two refills without re-evaluation. Given the above, the request for Orphenadrine ER 100mg, 1 tab twice daily #60 with 2 refills is not medically necessary.

Hydrocodone (Norco) - APAP 10-325 - 1 twice daily, #60 with refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain (Ongoing Management) Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had utilized this classification of medications since 2011. The clinical documentation submitted for review failed to meet the above criteria. Additionally, there was a lack of documentation indicating a necessity for two refills without re-evaluation. Given the above, the request for

Hydrocodone (Norco)/APAP 10/325mg, one twice daily, #60 with two refills is not medically necessary.