

Case Number:	CM14-0091132		
Date Assigned:	07/25/2014	Date of Injury:	04/20/1997
Decision Date:	09/11/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 low back pain reportedly associated with an industrial injury of April 20, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar fusion surgery; topical agents; muscle relaxants; various interventional spine procedures involving the lumbar spine; and adjuvant medications. In a Utilization Review Report dated June 9, 2014, the claims administrator approved a request for Paxil, Lyrica, Xanax, Ambien, Vicodin, Zipsor, and a three-month followup while denying 15 capsules of Lyrica, Voltaren gel, Xanax, Ambien, and Zanaflex. The applicant's attorney subsequently appealed. In a June 3, 2014 progress note, the applicant reported persistent complaints of low back pain, radiating to the left leg, apparently heightened over the last week. The applicant was, however, continuing to work on a full-time basis with restrictions in place. Paxil was ameliorating the applicant's depression. Lyrica was diminishing the applicant's neuropathic pain. Xanax was being used five to seven times nightly for sleep purposes. Vicodin was being used on a p.r.n. basis for pain relief, as was Zipsor, the attending provider posited. Paxil, Lyrica, Voltaren gel, and Xanax were all employed. The applicant was asked to continue permanent work restrictions. It was stated that Zipsor and Zanaflex were being used on an as-needed basis for flares of pain. In an earlier note dated March 6, 2014, the applicant again posited that his depression was well controlled on Paxil and that Lyrica was diminishing his neuropathic pain complaints. The applicant was apparently performing home exercises, it was stated. A variety of medications were refilled. Permanent work restrictions were apparently renewed. An electrodiagnostic testing of February 28, 2014 was notable for residual moderate to severe acute on chronic left S1 radiculopathy with superimposed moderate to severe sensorimotor peripheral neuropathy, diffuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100 gm #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal anti-inflammatory drugs (NSAIDs); Gastrointestinal symptoms and cardiovascular risks.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment for issues involving the spine, hip, and/or shoulder. In this case, the applicant's lumbar spine (low back) is the primary pain generator here. The request, however, is not indicated owing to the fact that the applicant is using a variety of other first-line oral pharmaceuticals as well as owing to the tepid to unfavorable MTUS position on the same for the body part in question. Therefore, the request is not medically necessary.

Zanaflex 2 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine/Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as is present here. The applicant has demonstrated treatment success by achieving and/or maintaining successful return to work status with ongoing usage of Zanaflex. Zanaflex, per the attending provider, is diminishing the applicant's pain complaints and issues with muscle spasm. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Lyrica 150 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is a first-line agent for neuropathic pain. In this case, the applicant has ongoing issues with lower extremity peripheral neuropathy and superimposed lumbar radiculopathy. Lyrica has been effective in attenuating the applicant's neuropathic/radicular symptoms, the attending provider has posited. The applicant's achieving and/or maintaining successful return to work status with usage of Lyrica thus constitutes functional improvement as defined in MTUS 9792.20f through ongoing usage of the same. Therefore, the request is medically necessary.

Xanax 0.25 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 do acknowledge that anxiolytics such as Xanax may be appropriate for brief periods, in cases of overwhelming symptoms so as to afford applicants with the ability to recoup emotional or physical resources, in this case, however, the attending provider is seemingly employing Xanax for chronic, long-term, and twice-daily use purposes, for anxiety and insomnia. This is not indicated, per ACOEM. Therefore, the request is not medically necessary.

Ambien 10 mg. #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): Ambien for chronic pain; MedScape 2009; Physician's Desk Reference (PDR).

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), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien 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 label purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, provide compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is FDA approved for the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider is seemingly employing Ambien on a chronic, long-term, and scheduled-use basis, along with Xanax. This is not an FDA approved role for Ambien. The attending provider has not furnished any compelling applicant-specific rationale or medical evidence to support such usage. Therefore, the request is not medically necessary.