

Case Number:	CM14-0201012		
Date Assigned:	12/11/2014	Date of Injury:	01/21/2009
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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, ankle, and hip pain reportedly associated with an industrial injury of January 21, 2009. In a Utilization Review Report dated November 17, 2014, the claims administrator denied request for a capsaicin containing compound, denied Cyclobenzaprine, denied Ambien, denied Omeprazole, and denied a Medrox pain relief ointment. The claims administrator stated that its decisions were based on progress notes of July 24, 2014 and October 30, 2014. The applicant's attorney subsequently appealed. In an RFA form dated July 24, 2014, Cyclobenzaprine, Ambien, Prilosec, and Medrox were endorsed. In an associated progress note of the same date, July 24, 2014, the applicant reported ongoing complaints of low back pain. The applicant continued to report difficulty sleeping. The medications were described as refilled. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with previously imposed permanent limitations. The attending provider stated that the applicant's medications were helping but did not elaborate further. On October 30, 2014, the applicant reported persistent complaints of low back pain radiating into the left lower extremity. Medications were renewed. The applicant was asked to follow up as needed. The attending provider again stated that the applicant's medications were helping but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28.

Decision rationale: 1. No, the request for Capsaicin-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, Topical Capsaicin is not recommended, except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. In this case, however, there was no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the capsaicin containing topical compound at issue. Therefore, the request is not medically necessary.

Cyclobenzaprin HCl USP 10mg refills-3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 and 42.

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

Decision rationale: 2. Similarly, the request for Cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. The 60-tablet three-refill supply of Cyclobenzaprine furnished on July 24, 2014 and the three refills of Cyclobenzaprine issued on October 30, 2014 both represent treatment in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Zolpidem Tartrate 10mg refill-2: 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), Mental Illness & Stress, Zolpidem (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7 and 8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: 3. The request for Zolpidem (Ambien), a sleep aid, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines 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 compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Zolpidem (Ambien) is indicated in the short-term treatment of insomnia, for up to 35 days. The three-month supply of Zolpidem furnished on October 30, 2014 and the 30-tablet, two-refill supply of Zolpidem furnished on July 24, 2014 both represent treatment well in excess of that recommended on the FDA label. No compelling applicant-specific rationale or medical evidence was furnished to support such usage here. Therefore, the request is not medically necessary.

Omeprazole Dr 20mg refill-2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular Page(s): 68 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: 4. Similarly, the request for Omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of issues with reflux, heartburn, and/or dyspepsia on either the July 24, 2014 progress note or the October 30, 2014 progress note, referenced above. Therefore, the request is not medically necessary.

Medrox pain relief ointment refill-2: 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 Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medrox Patch - DailyMed dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid, MEDROX - methyl salicylate, menthol and capsaicin patch. Pharmaceutica North America, Medrox Patch, Drug Facts.

Decision rationale: 5. Finally, the request for Medrox pain relief ointment was likewise not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM), is an amalgam of capsaicin, methyl salicylate, and menthol. Page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, however, takes the position that Topical Capsaicin is not recommended except as a last line agent, in applicants who have not responded to or are intolerant of other treatments. Here, there was no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the Capsaicin-containing Medrox ointment at issue. Therefore, the request is not medically necessary.

