

Case Number:	CM14-0205249		
Date Assigned:	12/17/2014	Date of Injury:	06/28/1991
Decision Date:	02/06/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Nephrology, 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:

This is a 56-year-old female with a 6/28/91 date of injury. The injury occurred when she fell against her right arm and hip. According to a handwritten and largely illegible progress note dated 10/28/14, the patient had her second LESI on the left at L5-S1 with 80% benefit. She had continued low back pain, left more than right. The pain was aggravated by bending, stooping, and sitting activities. She rated her pain with medications as a 6-7/10 and without medications as a 9-10/10. Medications helped her perform activities of daily living, improved her sleep pattern, and improved her participation in home exercise program. Objective findings: decreased lumbar range of motion, lumbar spine junction with spasm/guarding, tenderness to palpation of right shoulder, crepitus on right shoulder range of motion. Diagnostic impression: lumbar spine sprain/strain with bilateral lower extremity radiculopathy, Treatment to date: medication management, activity modification, lumbar ESI, home exercise program. A UR decision dated 11/12/14 denied the requests for Norflex, Topamax, Ambien, Lidoderm patch, and Biofreeze. Regarding Norflex, there was no documentation of exacerbations of muscle spasms in the patient. Chronic pain management with the use of muscle relaxants is not guideline supported. Regarding Topamax, there was documentation of sensory dermatomal involvement of L4 and L5. However, the most recent progress notes are handwritten and do not discuss failure of first-line agents. Regarding Ambien, there was no note of difficulty of initiating or continued sleeping in this patient. Duration of use has not been discussed for this 1991 injury. Regarding Lidoderm patch, there is no discussion of failure of first-line agents. There was no documented improvement with its use, reduction of pain scores, or reduction in PO medication use. Regarding Biofreeze, the patient's pain is not arthritic in nature, or muscle soreness. The patient's pain is mostly neuropathic which will not be addressed by Biofreeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, this patient has a 1991 date of injury, and it is unclear how long she has been taking Norflex. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Norflex 100mg #60 was not medically necessary.

Topomax 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. In the present case, it is noted that this patient has a diagnosis of lumbar spine sprain/strain with bilateral lower extremity radiculopathy. However, there is no documentation that she has had a trial of a first-line neuropathic agent, such as gabapentin. A specific rationale as to why the patient requires Topamax instead of a guideline-supported first-line medication for neuropathic pain was not provided. In addition, the quantity of medication requested was not noted. Therefore, the request for Topamax 50mg was not medically necessary.

Ambien 10mg #15: 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) Pain Chapter, FDA

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 - Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the present case, it is unclear how long this patient has been taking Ambien. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 10mg #15 was not medically necessary.

Lidoderm Patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm Patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, in the present case, there is no documentation of the designated area for treatment as well as number of planned patches and duration for use (number of hours per day). In addition, there is no discussion in the reports reviewed regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lidoderm Patch 5% was not medically necessary.

Biofreeze: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Biofreeze Other Medical Treatment Guideline or Medical Evidence: FDA (Biofreeze).

Decision rationale: CA MTUS does not address this issue. The FDA states that Biofreeze is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains and sprains. ODG recommends Biofreeze as an optional form of cryotherapy for acute pain. However, in the present case, this patient has chronic pain since the reported injury in 2001, and the requested medication is indicated to treat acute pain. There is no

documentation that this medication is being used to treat an acute condition. Therefore, the request for Biofreeze was not medically necessary.