

Case Number:	CM15-0102953		
Date Assigned:	06/05/2015	Date of Injury:	01/07/2003
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45-year-old who has filed a claim for neck, back, hip, and forearm pain with derivative complaints of depression, anxiety, and headaches reportedly associated with an industrial contusion injury of January 7, 2003. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for Flector, Ambien, and Xanax. An April 17, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. In an Agreed Medical Evaluation (AME) dated August 28, 2014, the medical-legal evaluator noted that the applicant had completed a functional restoration program. The applicant was on Prozac, Skelaxin, Phenergan, Pristiq, morphine, Lyrica, Imitrex, Flector, Lidoderm, Xanax, Ambien, and Motrin as of this point in time, it was acknowledged. The applicant had been deemed permanently disabled, the medical-legal evaluator acknowledged. In a handwritten note dated November 14, 2014, the applicant was asked to remain off work, having been deemed permanently disabled, it was reported. The applicant's pain complaints were apparently worsening, ranging from 7/10 with medications to 9.5/10 without medications, it was reported. The note was difficult to follow and not altogether legible. Motrin, Lidoderm, Flector, Phenergan, Pristiq, Prozac, Imitrex, Ambien, Lyrica, and Xanax were continued and/or renewed. On March 13, 2015, the applicant was again placed off of work, having been deemed disabled. Complaints of neck pain, forearm pain, shoulder pain, and hip pain were reported, along with ancillary complaints of depression and headaches. The applicant was using a cane to move about. Multiple medications were renewed, again without any seeming discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators included the cervical spine, shoulders, and right hip, it was reported on March 13, 2015. The attending provider failed to furnish a compelling rationale for continued usage of topical Flector patches for body parts for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Motrin, morphine, Skelaxin, etc., effectively obviated the need for the topical Flector patches in question. Therefore, the request was not medically necessary.

Ambien Tablets 10mg: 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, 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 U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. 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 Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant had been using Ambien for what appeared to have been a minimum of several months. Such usage, however, ran counter to the FDA label. The attending provider failed to furnish a compelling rationale or medical evidence so as to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

Xanax 0.25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

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

Decision rationale: Finally, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," here, however, the applicant had been using Xanax for what appeared to have been a minimum of several months to several years, for anxiolytic and/or sedative effect. This is not an ACOEM-endorsed role for the same. The attending provider, furthermore, failed to furnish a clear or compelling rationale for concurrent use of two separate sedative agents, Xanax and Ambien. Therefore, the request was not medically necessary.