MAXIMUS Federal Services

Case Number:	CM15-0139523		
Date Assigned:	07/29/2015	Date of Injury:	09/01/2014
Decision Date:	09/23/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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 [redacted] ([redacted]) beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 1, 2014. In a Utilization Review report dated June 30, 2015, the claims administrator approved requests for OxyContin, oxycodone, Neurontin, and naproxen while denying request for spinal cord stimulator trial, baclofen, a capsaicin cream, tizanidine, and Ambien. The claims administrator referenced an April 29, 2015 date of service in its determination.The applicant's attorney subsequently appealed. On April 29, 2015, the applicant reported 6/10 low back pain. The applicant had undergone earlier failed lumbar laminectomy surgery earlier failed epidural steroid injection therapy, it was reported. Baclofen, a capsaicin containing cream, Neurontin, Motrin, naproxen, oxycodone, OxyContin, tizanidine, and Ambien were all renewed. The attending provider stated that his goal was to try to improve the applicant's quality of life. A psychological evaluation for a spinal cord stimulator trial was endorsed while multiple medications were renewed. No seeming discussion of medication efficacy transpired at this point. Multiple medications were nevertheless renewed. In a psychological evaluation dated June 1, 2015, the applicant was deemed an appropriate candidate from a psychological standpoint for the planned spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator with Medtronics trial (days): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation Page(s): 107.

Decision rationale: Yes, the proposed spinal cord stimulator trial was medically necessary, medically appropriate, and indicated here. As noted on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the indications for spinal cord stimulator implantation is failed back syndrome, i.e., persistent pain in applicants who have undergone at least previous back surgery. Here, the applicant had, in fact, undergone a previous unsuccessful spine surgery in 2011, the treating provider noted in his progress note of April 29, 2015. The treating provider contended that the previous spine surgery, analgesic medications and epidural injections had failed to provide satisfactory pain relief and went on to suggest a spinal cord stimulator trial. The applicant then went on to receive a psychological clearance for the same on June 1, 2015. The consulting psychologist opined that the applicant was a suitable candidate for the procedure. Moving forward with the proposed spinal cord stimulator trial was, thus, indicated, given the applicant's poor response to various operative and non-operative treatments. Therefore, the request was medically necessary.

Baclofen 20 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 64; 7.

Decision rationale: Conversely, the request for baclofen, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally in the treatment of spasticity associated with multiple sclerosis and/or spinal cord injuries but can be employed off of work label for neuropathic pain, as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the April 29, 2015 progress note on which baclofen was renewed did not incorporate any seeming discussion of medication efficacy. The applicant's work and functional status were not detailed. The treating provider suggested that the continued to report pain complaints in the 6/10 range, despite ongoing baclofen usage. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as oxycodone

and OxyContin. The applicant did not appear to be working as of that point in time, it was suggested (but not clearly stated). Therefore, the request was not medically necessary.

Capsaicin cream 4.8 gms Qty:1: 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 Capsaicin, topical Page(s): 28.

Decision rationale: The request for a capsaicin-containing cream 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 recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant's having proven intolerant to multiple classes of first-line oral pharmaceuticals prior to introduction, selection, and/or ongoing usage of the capsaicin-containing cream in question. Therefore, the request was not medically necessary.

Tizanidine 6 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: The request for tizanidine, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine, an antispasmodic medication, can be employed for unlabeled use for low back pain, as was present here, his recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations. Here, however, the attending provider did not state why he was prescribing two separate antispasmodic medications, tizanidine and baclofen. Therefore, the request was not medically necessary.

Zolpidem 10 mg #30: 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 Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration, Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for zolpidem (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, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for zolpidem (Ambien) represented treatment in excess of the FDA label. In a similar vein, ODG's Mental Illness and Stress Chapter Zolpidem topic likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. The attending provider failed to furnish a clear or compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA and ODG positions on long-term usage of Ambien. Therefore, the request was not medically necessary.