

<b>Case Number:</b>	CM15-0148278		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 45-year-old female who sustained an industrial injury on 7-25-2011. She was working as a housekeeper and leaned over while pushing a bed, which caused cramping in her back. She has reported lower back pain and left lower extremity pain and has been diagnosed with thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbago, and sprains and strains of the lumbar region. Treatment has included acupuncture, medications, physical therapy, and injections. Range of motion of the lumbar spine was restricted with flexion limited to 20 degrees limited by pain and extension limited to 5 degrees limited by pain. On palpation, paravertebral muscles, tenderness was noted on both sides. Spinous process tenderness was noted on L1, L2, L3, L4, and L5. Straight leg raise test was positive on the right side at 90 degrees in sitting position and was positive on the left side at 60 degrees in the sitting position. The treatment plan included medications. The treatment request included cyclobenzaprine, Ambien, and Lidopro ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

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

**Decision rationale:** Based on the 06/30/15 progress report provided by treating physician, the patient presents with lower back and lower extremity pain. The request is for CYCLOBENZAPRINE 7.5MG #60. Patient's diagnosis per Request for Authorization form dated 07/06/15 includes thoracic or lumbosacral neuritis or radiculitis NOS, and chronic pain syndrome. Physical examination to the lumbar spine on 06/30/15 revealed tenderness to palpation to paravertebral muscles. Range of motion was painful and decreased, especially on extension 15 degrees. Sensation to light touch decreased over dermatomes of L4, L5, S1 on the left side. Treatment to date has included acupuncture, physical therapy, injections, and medications. Patient's medications include Cyclobenzaprine, Ambien, Topiramate, Norco, Pantoprazole, and Lidopro ointment. The patient is temporarily totally disabled, per 06/30/15 report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Cyclobenzaprine has been included in patient's medications, per progress reports dated 02/20/15, 06/30/15 and 07/06/15. It is not known when this medication has been initiated. Per 06/30/15 report, treater states the patient "feels her current pain medications are not providing adequate pain control and would like to increase dose of medications." In this case, it does not appear the medication is efficacious. Furthermore, MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). The patient has been prescribed Cyclobenzaprine for at least 5 months from UR date of 07/14/15. In addition, the request for #60 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Ambien 10mg tablet #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, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien).

**Decision rationale:** Based on the 06/30/15 progress report provided by treating physician, the patient presents with lower back and lower extremity pain. The request is for AMBIEN 10MG TABLET #30. Patient's diagnosis per Request for Authorization form dated 07/06/15 includes thoracic or lumbosacral neuritis or radiculitis NOS, and chronic pain syndrome. Physical examination to the lumbar spine on 06/30/15 revealed tenderness to palpation to paravertebral muscles. Range of motion was painful and decreased, especially on extension 15 degrees.

Sensation to light touch decreased over dermatomes of L4, L5, S1 on the left side. Treatment to date has included acupuncture, physical therapy, injections, and medications. Patient's medications include Cyclobenzaprine, Ambien, Topiramate, Norco, Pantoprazole, and Lidopro ointment. The patient is temporarily totally disabled, per 06/30/15 report. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Ambien has been included in patient's medications, per progress reports dated 02/20/15, 06/30/15 and 07/06/15. Per 06/30/15 report, treater states "The level of sleep for the patient has increased. Quality of sleep is normal." In this case, treater has documented medication efficacy. However, ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. The patient has been prescribed Ambien for at least 5 months from UR date of 07/14/15. Continued use of this medication is not in accordance with guidelines and cannot be warranted. Therefore, the request is not medically necessary.

**Lidopro ointment 4.5% #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Based on the 06/30/15 progress report provided by treating physician, the patient presents with lower back and lower extremity pain. The request is for LIDOPRO OINTMENT 4.5% #1. Patient's diagnosis per Request for Authorization form dated 07/06/15 includes thoracic or lumbosacral neuritis or radiculitis NOS, and chronic pain syndrome. Physical examination to the lumbar spine on 06/30/15 revealed tenderness to palpation to paravertebral muscles. Range of motion was painful and decreased, especially on extension 15 degrees. Sensation to light touch decreased over dermatomes of L4, L5, S1 on the left side. Treatment to date has included acupuncture, physical therapy, injections, and medications. Patient's medications include Cyclobenzaprine, Ambien, Topiramate, Norco, Pantoprazole, and Lidopro ointment. The patient is temporarily totally disabled, per 06/30/15 report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.