

Case Number:	CM15-0191578		
Date Assigned:	10/05/2015	Date of Injury:	10/14/2013
Decision Date:	12/07/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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: 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 49 year old female injured worker suffered an industrial injury on 10-14-2013. The diagnoses included cervical disc displacement without myelopathy and brachial neuritis. On 9-1-2015 the treating provider reported neck and head pain. She rated the pain as 8 out of 10 that radiated to the left ear, right ear, and right shoulder with associated back pain, neck pain, numbness, pins and needles and tingling. On exam, the cervical spine revealed restricted range of motion with the cervical muscles hypertonicity, spasms and tenderness to the right side. Prior treatment included 12 chiropractic sessions, heat therapy, cold therapy, acupuncture and TENS unit. Diagnostics included cervical and brain magnetic resonance imaging. The cervical magnetic resonance imaging revealed disc herniation and early disc desiccation through the cervical spine. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. The medical record did not indicate how long the injured worker had been using the requested treatments. The Utilization Review on 9-11-2015 determined non-certification for Retrospective (dos 9/1/15) Ambien 5mg #30, Retrospective (dos 9/1/15) Cyclobenzaprine 7.5 #60, Retrospective (dos 9/1/15) Lidopro 4% ointment #1, Retrospective (dos 9/1/15) Lidopro 4% ointment #1, and modification for Retrospective (dos 9/1/15) Ultracet 37.5/325mg #60 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 9/1/15) Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ambien.

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), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Retrospective (dos 9/1/15) Ambien 5mg #30 is not medically necessary.

Retrospective (dos 9/1/15) Cyclobenzaprine 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Retrospective (dos 9/1/15) Cyclobenzaprine 7.5 #60 is not medically necessary.

Retrospective (dos 9/1/15) Lidopro 4% ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Lidopro lotion is a compounded medication, which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. The FDA as a topical analgesic classifies it. There is little to no research to support the use of many

Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Retrospective (dos 9/1/15) Lidopro 4% ointment #1 is not medically necessary.

Retrospective (dos 9/1/15) Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The examination findings provided no objective or quantitative measure of pain to determine severity. The records had no documentation any objective functional improvement or improved ADL's as a result of this medication. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Retrospective (dos 9/1/15) Ultracet 37.5/325mg #60 is not medically necessary.