MAXIMUS Federal Services

Case Number:	CM15-0021012		
Date Assigned:	02/10/2015	Date of Injury:	03/12/2001
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 56 year old female who sustained a work related injury March 12, 2001. According to a primary treating physician's report dated December 22, 2014, the injured worker presented for follow-up with persistent pain in the cervical spine, 6/10, low back, 8/10 and radiating down into the right leg, bilateral shoulder, 6/10 and left knee 3-6/10. She takes 3-4 Norco per day which brings the pain to 5-6/10. Diagnoses are documented as cervical disc herniation with left upper extremity radiculitis; worsening left-sided cervical radiculopathy; lumbar spinal stenosis, s/p laminectomy with worsening pain and left lower extremity radiculopathy; right shoulder rotator cuff syndrome; right knee post-traumatic osteoarthritis, post arthroscopic surgery; left knee medial compartmental osteoarthritis, post-traumatic and left shoulder sprain/strain. Treatment plan included pending appointment for pain management, pending IMR determination for lumbar surgery, continue with TENS unit and requests for medications.According to utilization review dated January 14, 2015, the request for Flurbiprofen/Lidocaine cream (20%/5%) 180gm is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics. The request for Norco (Hydrocodone) 10/325mg #90 is non-certified, citing MTUS Guidelines. The request for Ambien 5mg #30 is non-certified, citing ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen/Lidocaine cream (20%/15%) 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Flurbiprofen/Lidocaine cream (20%/15%) 180 gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDS (such as Flurbiprofen) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks).There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder.The guidelines indicate that topical formulations of lidocaine in non dermal patch form (whether creams, lotions or gels) are not indicated for neuropathic pain.The guidelines do not support topical NSAIDS for spine pain. The MTUS does not support cream form of Lidocaine for neuropathic pain. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For this reason the request for Flurbiprofen/Lidocaine cream (20%/15%) 180 gm is not medically necessary.

Norco 9Hydrocodone) 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management and ongoing management Page(s): 7-8 a.

Decision rationale: Norco (Hydrocodone) 10/325mg #90 is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient.Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The MTUS states that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation indicates that the patient is working full time. The documentation is not clear, however, on why the patient is going from a 7.5 mg dose of Norco to a 10mg dose. Although it seems that patient is benefiting from Norco and able to work full duty the documentation is not

clear on a treatment plan explaining the escalated dose. For this reason the request for Norco 10/325mg is not medically necessary as written.

Ambien 5mg #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 (ODG) Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (chronic) - Zolpedem (Ambien)

Decision rationale: Ambien 5mg #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia .The ODG states that 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. The documentation indicates that the patient has been on Ambien dating back to April of 2014. The ODG does not recommend this medication long term. The request for Ambien is not medically necessary.