

Case Number:	CM15-0024456		
Date Assigned:	02/17/2015	Date of Injury:	03/03/2003
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: Montana

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 injured worker is a 48 year old female who sustained an industrial injury on 3/3/03. Currently she complains of persistent cervical pain radiating to the bilateral upper extremities and constant lumbar pain with radiation to the bilateral lower extremities. Her pain intensity is 6-7/10. Medications include Norco which decreases pain intensity to 4-5/10. Diagnoses include cervical musculoligamentous sprain/ strain; lumbar spine herniated nucleus prolulsus with evidence of radiculopathy in the lower extremities; metatarsalgia; constipation secondary to medication usage; gastritis; insomnia; anxiety and depression. Treatments included physical therapy and medications. Diagnostics include cervical MRI showing degenerative disc disease; lumbar MRI with evidence of disc bulge/ protrusion L5-S1. Progress note dated 1/12/15 indicates that the treating provider requests Ambien, Motrin, Norco and Flurbiprofen/ Lidocaine cream to provide pain relief and decrease oral medication usage. In addition a urine toxicology screen is requested as part of a pain-treatment agreement during opioid therapy. On 2/2/15 Utilization Review non-certified the request for flurbiprofen/Lidocaine Cream (20%5%) 180 GM; Norco 10/325 mg # 90; Ambien 5 mg # 30 and toxicology screen citing MTUS: Compounded and ODG: Pain Chapter Medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream, (20%/5%) 180mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm patches.

Decision rationale: This topical analgesic contains Flurbiprofen, which is a nonsteroidal anti-inflammatory medication and lidocaine. The MTUS states that topical nonsteroidal anti-inflammatory agents have not been shown to be effective in long-term studies. 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 are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The ODG guidelines also state that Lidoderm patches are not a first-line treatment and are FDA approved only for postherpetic neuralgia. The injured worker does not have post herpetic neuralgia. There is no indication of failure of first line treatments such as antidepressants and anticonvulsants. Other than Lidoderm patches, there are no other commercially approved topical formulations of lidocaine indicated for neuropathic pain. The MTUS states that any compounded product which contains at least one drug (or class of drugs) that is not recommended is not recommended. The request for Flurbiprofen/Lidocaine cream, (20%/5%) 180mg, is not consistent with the MTUS guidelines and is not medically necessary.

Norco 10/325mg #90: 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 Opioids Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical

shows that the injured worker has been taking Norco at least since early 2014. Urine drug testing has been performed. The records do not document a complete pain assessment as noted above and no specific functional improvement is noted. Additional documentation will be required, per MTUS guidelines, to support the ongoing use of Norco. The request for Norco 10/325 #90 is not medically necessary.

Ambien 5mg #30: Overturned

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

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

Decision rationale: The ODG guidelines note that zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. Ambien CR offers no significant clinical advantage over regular release zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. Due to adverse effects the FDA now requires lower doses for zolpidem. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the medical records do not document long-term use of Ambien. There is documentation of insomnia related to her chronic pain conditions. Short-term use of Ambien is not inconsistent with the ODG guideline recommendations. Longer use would require documentation of efficacy and functional improvement related specifically to its use and consideration of CBT. The prior Utilization Review decision is reversed and the request for Ambien 5mg #30, is medically necessary.

Toxicology Screen: 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 Drug testing Page(s): 43 and 78.

Decision rationale: The MTS discusses urine drug screening in the chronic pain medical treatment guideline. It is recommended as an option to assess for use or prevalence of illegal drugs. It also recommends use of urine drug screening when there are issues of abuse, addiction or poor pain control. The medical records do confirm prescriptions for Norco however, that medication has been non-certified by Utilization Review. There is no documentation of concern about use of illegal drugs, issues of past abuse, addiction or poor pain control. The medical records do show that urine drug testing has been performed. The request for additional urine toxicology screen is determined to be not medically necessary.