

Case Number:	CM15-0218472		
Date Assigned:	11/10/2015	Date of Injury:	04/01/2013
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/06/2015

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] beneficiary who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of April 1, 2013. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve requests for Ambien, Terocin, and LidoPro, apparently prescribed and/or dispensed on or around September 17, 2015. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant reported 8/10 neck and shoulder pain. The applicant was given refills of Neurontin, Ambien, LidoPro, naproxen, Terocin, and Protonix, the treating provider reported. The applicant reported ancillary issues with migraine headaches. The applicant reported ancillary issues with migraine headaches. The applicant was asked to obtain a pain psychology evaluation and an orthopedic spine surgery consultation. The applicant was not working with the rather proscriptive 5-pound lifting limitation in place, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ambien 5mg #30 (DOS: 9/17/15): 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), Ambien.

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

Decision rationale: No, the request for Ambien, a sedative agent, was 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 a 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 30 tablets of Ambien was at odds with both the FDA label and with ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise note that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.

Retrospective request for Lidopro 4.5% ointment 4.5%-27.5%-0.0325%-10% #1 (DOS: 9/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation U.S. National Library Of Medicine.

Decision rationale: Similarly, the request for topical LidoPro was likewise not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the primary ingredient in the LidoPro amalgam, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as naproxen and Neurontin effectively obviated the need for the capsaicin-containing LidoPro compound at issue. Therefore, the request was not medically necessary.

Retrospective request for terocin patch 4-4% #30 (DOS: 9/17/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Capsaicin, topical. Decision based on Non-MTUS Citation U.S. National Library Of Medicine.

Decision rationale: Similarly, the request for topical Terocin was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. As with the preceding request, however, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of first-line oral pharmaceuticals such as naproxen and Neurontin effectively obviated the need for the capsaicin-containing Terocin compound in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's September 17, 2015 office visit failed to furnish a clear or compelling rationale for concurrent usage of 2 separate capsaicin-containing agents, Terocin and LidoPro. Therefore, the request was not medically necessary.