MAXIMUS Federal Services

Case Number:	CM15-0045707		
Date Assigned:	03/18/2015	Date of Injury:	01/30/2007
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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: Family Practice

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 66-year-old male with an industrial injury dated January 30, 2007. The injured worker diagnoses include post lumbar laminectomy syndrome, chronic pain syndrome, lower back pain, sciatica, lumbar/thoracic radiculopathy, sacroiliitis, spinal enthesopathy and fasciitis unspecified. Treatment consisted of diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS), physical therapy, consultations and periodic follow up visits. In a progress note dated 12/22/2014, the injured worker reported lumbar region and left hip pain with radiation down the left hip. Physical exam revealed lumbar spinal tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1 and positive lumbar facet loading maneuvers. The treating physician prescribed retrospective requests for pharmacy purchase of Flurbiprofen/Lidocaine; Gabapentin/Amitriptyline; Capsaicin; Cyclobenzaprine/ Lidocaine, pharmacy purchase of Tramadol 150mg #30, and pharmacy purchase of Zolpidem 10mg #30 with date of service 12/22/2014, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 12/22/14 pharmacy purchase of Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for work-related injuries dating back to 2007. This patient receives treatment for "failed back," sciatica, and sacroiliitis. Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first-line oral analgesic. This patient has become opioid dependent and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with tramadol is not medically indicated.

Retrospective DOS: 12/22/14 pharmacy purchase of Zolpidem 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of insomnia by Michael Bonnet, MD, in UpToDate.com.

Decision rationale: This patient receives treatment for work-related injuries dating back to 2007. This patient receives treatment for "failed back," sciatica, and sacroiliitis. Medical experts in the treatment of sleep disorders recommend a behavioral approach for the long-term manage ment of sleep disturbances. Zolpidem is a hypnotic, a sleeping pill; as such, it is recommended a short-term treatment of sleep disturbance. Long-term use is not recommended. Zolpidem can quickly become habit forming and is associated with significant side effects. These side effects include: sleep walking, sleep driving, headache, dizziness, and daytime somnolence. Ongoing use of zolpidem does increase the risk of falling. Zolpidem is not medically indicated.

Retrospective DOS: 12/22/14 pharmacy purchase of Flurbiprofen/Lidocaine; Gabapentin/Amitriptyline; Capsaicin; Cyclobenzaprine/Lidocaine (compound creams): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: This patient receives treatment for work-related injuries dating back to 2007. This patient receives treatment for "failed back," sciatica, and sacroiliitis. Topical

analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Flurbiprofen is an NSAID; NSAIDS are not medically indicated in its topical form to treat chronic pain. Lidocaine is not medically indicated to treat low back pain when applied as part of a compounded cream. Gabapentin is an antitepileptic drug (AED). No AED is medically indicated to treat chronic low back pain when applied topically. Amitriptyline is a tri-cyclic antidepressant. No antidepressant is medically indicated to treat chronic low back pain when applied topically. This compounded topical cream is not medically indicated.