

Case Number:	CM15-0051624		
Date Assigned:	03/25/2015	Date of Injury:	05/31/2002
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/18/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72-year-old female who reported injury on 05/31/2002. Her mechanism of injury was not included. Her diagnoses included lumbago with left sided radiculopathy, sacroiliac joint and facet joint arthropathy, migraine headaches, reactive depression and anxiety, reactive insomnia, recent fall with vertebral fracture. The injured worker was seen on 12/04/2014 for complaints of low back pain that she rated at a 6/10. Her medications included fentanyl patch 100 mcg/hour, hydromorphone, Norco, Cymbalta, Ambien, Xanax, Terocin 4% lidocaine patch. On physical exam, it was noted there was focal tenderness over the facets with a positive facet provocation bilaterally. Tenderness was noted over the sacroiliac joints, with a positive provocation test. General decrease in range of motion in the lumbar spine to flexion, extension, and lateral rotation. She continued to have pain with flexion and extension movements of the trunk. She had subjective radicular symptoms bilaterally in both extremities. There was paraspinous muscle spasms noted throughout the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The request for Xanax 0.5 mg, 60 count, is not medically necessary. Dosing instructions were not included in the request. The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This medication is recommended for weaning. The request for Xanax 0.5 mg, 60 count, is not medically necessary.

Terocin 4% lidocaine patch, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 111 - 113.

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

Decision rationale: The request for Terocin 4% lidocaine patch, 30 count, is not medically necessary. The request does not include dosing information or instructions on where to apply the patch, or when to put it on and take it off. The California MTUS Guidelines state that lidocaine is only approved for use as a Lidoderm patch. Capsaicin is recommended only for patients who have not responded or are intolerant to other treatments. The guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Therefore, as the guidelines do not recommend use of lidocaine, as it is not FDA approved in any form other than a Lidoderm patch, and there is a lack of documentation regarding first line treatment that was tried and failed before the use of capsaicin, the request for Terocin 4% lidocaine patch, 30 count, is not medically necessary.

Fentanyl patch 100 mcg, ten count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for fentanyl patch 100 mcg, 10 count, is not medically necessary. The request does not include when to apply the patch and when to remove the patch. The California MTUS Guidelines state there are 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation regarding a proper pain assessment, adverse effects of this medication, objective functional improvement of performing

activities of daily living with this medication in use, and there is a lack of current urine drug screen. This medication is recommended for weaning. The request for fentanyl patch 100 mcg, 10 count, is not medically necessary.

Hydromorphone 8 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for hydromorphone 8 mg, 180 count, is not medically necessary. The request does not include dosing instructions. The California MTUS Guidelines state there are 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation regarding a proper pain assessment, adverse effects with this medication, objective functional improvement with activities of daily living with this medication, and there is a lack of current urine drug screens. This medication is recommended for weaning. The request for hydromorphone 8 mg, 180 count, is not medically necessary.

Norco 10/325 mg, 240 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, 240 count, is not medically necessary. The request does not include dosing instructions. The California MTUS Guidelines state there are 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation regarding a proper pain assessment, adverse effects with this medication, objective functional improvement with activities of daily living with this medication, and there is a lack of current urine drug screens. This medication is recommended for weaning. The request for Norco 10/325 mg, 240 count, is not medically necessary.

Ambien 10 mg, sixty count: 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), Pain Chapter.

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

Decision rationale: The request for Ambien 10 mg, 60 count, is not medically necessary. The request does not include dosing instructions. The Official Disability Guidelines state that Ambien is a prescription short acting nonbenzodiazepine hypnotic, which is recommended for short term, 7 to 10 days, treatment of insomnia. Proper hygiene is critical to the individual with chronic pain, and often is hard to obtain. As the guidelines recommend this medication be used only for 7 to 10 days, and this is a prescription refill, the request for Ambien 10 mg, 6 count, is not medically necessary.

Lumbar ESI at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar ESI Page(s): 46.

Decision rationale: The request for lumbar ESI at L4-5 is not medically necessary. The California MTUS Guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief, with associated reduction of medication use for 6 to 8 weeks, with general recommendation of no more than 4 blocks per region per year. There is a lack of documentation regarding the percentage of pain relief, along with documentation of reduced medication use for 4 to 8 weeks. Therefore, the request for lumbar ESI at L4-5 is not medically necessary.