

Case Number:	CM15-0053159		
Date Assigned:	03/26/2015	Date of Injury:	10/10/2006
Decision Date:	05/14/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/20/2015

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: Physical Medicine & Rehabilitation

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 47-year-old male who reported an injury on 10/10/2006. The mechanism of injury was not provided. The diagnoses included possible lumbar discogenic pain, possible lumbar sprain and strain, lumbar laminectomy in 2010 with status post lumbar postlaminectomy syndrome, lumbar fusion in 2011 with increased severity of pain, and failed back syndrome. There was a Request for Authorization submitted for review dated 03/04/2015. The documentation of 03/04/2015 revealed the injured worker had constant low back pain radiating into the bilateral lower extremities. The injured worker had less stiffness and improved range of motion and required less medication while undergoing acupuncture. The injured worker had previously trialed acupuncture, which he found beneficial. The injured worker had utilized Ambien 10 mg at bedtime, Norco 10/325 mg 3 times a day, and ibuprofen 600 mg 3 times a day, and had previously trialed gabapentin and found it to be not beneficial. The injured worker was prescribed Ambien 10 mg at bedtime as needed #30, ibuprofen 600 mg 3 times a day as needed #90, and oxycodone 15 mg 3 times a day as needed for breakthrough pain #90 with the prescriptions dated 01/21/2015. The documentation indicated the injured worker's Ambien, oxycodone, and topical creams were denied and the request was made for an appeal or reconsideration. The injured worker was prescribed FlurLido A and Ultraflex to obtain from an outside pharmacy, and with the medication, it was noted that the injured worker utilized fewer oral medications. Additionally, the request was made for a urine drug screen. The physical examination revealed the injured worker had a positive straight leg raise at 60 degrees on the right and at 50 degrees on the left. Sensory examination revealed hyperalgesia in a distribution

of the L5-S1 nerve roots, left side more pronounced than the right. The treatment plan included a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Flurlido: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Lidocaine, Antidepressants Page(s): 72, 111, 112, 13. Decision based on Non-MTUS Citation Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31 - 40.

Decision rationale: The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per Skolnick, P. (1999) "While local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined." The clinical documentation submitted for review indicated the injured worker had failed gabapentin. However, there was a lack of documentation of exceptional factors as multiple components of the medication are not recommended. The request as submitted failed to indicate the frequency, quantity, and body part to be treated with the FlurLido. Given the above, the request for unknown prescription of FlurLido is not medically necessary.

Unknown prescription of Ultraflex-G: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Gabapentin, Tramadol Page(s): 41, 111, 113, 82. Decision based on Non-MTUS Citation FDA.gov.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no peer reviewed literature to support the use of topical baclofen and the guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Gabapentin is not recommended. There is no peer reviewed literature to support use. Other antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. A thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The documentation indicated the injured worker had utilized oral gabapentin and found it to be ineffective. There was a lack of documentation indicating this topical medication would be effective given the failure of gabapentin. Additionally, there was a lack of documentation of exceptional factors as multiple components are not recommended. The request as submitted failed to indicate the body part to be treated as well as the frequency and the quantity. Given the above, the request for an unknown prescription of Ultraflex G is not medically necessary.

Ambien 10mg #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 (Ambien).

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

Decision rationale: The Official Disability Guidelines indicate that zolpidem is recommended for the short term use for up to 10 days. It is not recommended for long-term use. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10 mg #30 is not medically necessary.

Eight (8) sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously undergone acupuncture treatments. However, there was a lack of documentation of objective functional improvement, including a clinically significant improvement in activities of daily living or a reduction in work restrictions. The request as submitted failed to indicate the body part to be treated. Given the above, the request for 8 sessions of acupuncture is not medically necessary.

One (1) urine screen test: 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), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had issues of abuse, addiction, or poor pain control. Given the above, the request for 1 urine screen test is not medically necessary.