

Case Number:	CM15-0087336		
Date Assigned:	05/11/2015	Date of Injury:	01/03/2013
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 60-year-old female with an industrial injury dated 01/03/2013. She has numerous diagnoses, which include cervical myospasm, cervical radiculopathy, right shoulder impingement syndrome, left shoulder internal derangement, status post-surgery left shoulder, right lateral epicondylitis, right ankle sprain/strain, anxiety and depression. Prior treatment included 25 sessions of physical therapy and 21 sessions of acupuncture and medications. She presents on 03/05/2015 with complaints of cervical spine, thoracic spine, lumbar spine, bilateral shoulder, right elbow, bilateral wrist, right knee and right ankle pain. She also notes loss of sleep due to pain. Her average sleep is 4-5 hours daily and is interrupted. Physical findings revealed decreased and painful range of motion of the cervical spine. There were trigger points of paraspinal/spasm present at the lumbar spine with decreased range of motion. Right shoulder range of motion was decreased and painful. Range of motion was also painful in the elbow, bilateral wrists, right knee and right ankle. The request is for muscle relaxant, pain medication, topical analgesic and medication for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, sedation, addiction, dependency and adverse interaction with other sedative medications. The records show that the duration of use of cyclobenzaprine had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The patient is also utilizing opioids and other sedatives concurrently. The criteria for the use of cyclobenzaprine 7.5mg #90 were not met.

Zolpidem 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 Pain Chapter, Ambien (Zolpidem).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that sedative and hypnotic medications can be utilized for short-term treatment of insomnia. The chronic use of hypnotics can be associated with tolerance, dependency, addiction, daytime somnolence, sedation, and adverse interaction with other sedatives. The records indicate that the use of zolpidem had exceeded that guidelines recommended maximum duration of 4 to 6 weeks. There is no documentation of failure of basic sleep hygiene measures or complete evaluation of the causes of insomnia. The criteria for the use of zolpidem 10 mg #30 were not met.

Gabapentin 10%/Cyclobenzaprine 6%/Beupivacaine 5% cream 30mg (dispensed) and 210gm: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first

line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical products be utilized and evaluated individually for efficacy. There is lack of guidelines or FDA support for the utilization of topical gabapentin, cyclobenzaprine or bupivacaine for the long-term treatment of musculoskeletal pain. The criteria for the use of topical gabapentin 10% / cyclobenzaprine 6% / bupivacaine 5% cream 30mg and 210gm was not met.

Flubiprofen 20%/Baclofen 5%/Dexamethasone 2%/ Menthol 2%/Camphor 2% cream 30mg (dispensed) and 210 gm: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical products be utilized and evaluated individually for efficacy. There is lack of guidelines or FDA support for the utilization of topical baclofen, dexamethazone, menthol or camphor for the long-term treatment of musculoskeletal pain. The criteria for the use of topical Flurbiprofen 20% / Baclofen 5% / Dexamethazone 2% / Menthol 2% / Camphor 2% cream 30mg and 210gm was not met.

Tramadol 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The records indicate that the patient had completed PT, NSAIDs, acupuncture and surgical treatments. There is no documentation of aberrant behavior or severe adverse effects. The criteria for the use of Tramadol 150mg #30 were met.