

Case Number:	CM15-0098741		
Date Assigned:	06/01/2015	Date of Injury:	11/27/1996
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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: North Carolina
 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 62-year-old male, who sustained an industrial injury on 11/27/96. Initial complaints were not reviewed. The injured worker was diagnosed as having low back pain; failed back surgery lumbar; back pain lumbar with radiculopathy; myalgia; xerostomia; shoulder impingement syndrome bilateral; erectile dysfunction due to medication; testicular hypofunction; anxiety chronic; depression chronic; insomnia chronic. Treatment to date has included medications. Currently, the PR-2 notes dated 4/29/15 indicated the injured worker was in the office for medication maintenance. His pain is located in the bilateral legs, bilateral shoulders, bilateral buttocks, bilateral knees and bilateral low back. He has no change in pain/spasticity control since his last visit. The frequency of the pain/spasticity is constant with the quality described as sharp, shooting, burning, and stabbing. It is made worse with lifting, sitting, bending, physical activity, stress, standing, twisting, weather, and no sleep. It is made better by heat and medications. He rates his pain over the last month as least 4/10 and average 6/10 and worst 8/10. The pain is worse all day and remarks he can tolerate pain 4/10. His sleep is affected by the pain and does not take medication for sleep. He has been depressed, angry, frustrated and anxious in the last 30 days. The provider documents the injured worker is satisfied with the therapy he has been getting and remarks he does not take the medications as prescribed. Medications listed as prescribed: Baclofen 10mg 1 every 8 hours PRN for muscle spasms; Hydroxyzine HCL 25mg 1 twice a day for itching; Capsaicin hot patches 1 to 3 PRN; Lidoderm patch 5% 1-3 a day; Duragesic 100mcg 2 patches every 2 days for chronic pain and a 75mcg patch 1 every 2 days to be used with the 100mcg.; Norco 10/325mg 1-2 every 4 hours for breakthrough pain up to 6 max/day; Ambien 10mg 1 at night for insomnia; Cymbalta 60mg 2 daily; Naprosyn 500mg 1 BID PRN for inflammation/minor pain; Zanaflex 6mg 1 every 12 hours PRN muscle spasms; Effexor XR 75mg 3/day; Zonegran 100mg 4/day; Terazosin HCL

5mg 1-2 at bedtime; Diphenhydramine HCL 50mg 1 BID for itching; Thermophore Arthritis Large Pads and Voltaren XR 100mg 1 daily PRN for swelling/inflammation. Physical examination notes point of maximum tenderness in the lumbar spine is at the lumbosacral junction and a medial scar over the lumbar spine. The provider's treatment plan includes an attempt to change his medications: Lidoderm patches for the Capsaicin hot patches and Benadryl for Hydroxyzine for itching and Zanaflex for Baclofen for muscle spasms. He is requesting Hydroxyzine HCL 25mg #60; Baclofen 10mg #90 and Capsaicin hot patches 0.025% #3 boxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCL 25mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/hydroxyzine.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, atarax.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is an antihistamine indicated for pruritus. The patient does have a chronic pruritus and therefore the request is medically indicated and approved.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Capsaicin hot hacks 0.025% #3 boxes: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin
Page(s): 28.

Decision rationale: The California MTUS section on capsaicin states: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post- mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The number needed to treat in musculoskeletal conditions was 8.1. These criteria have been met and the request is medically necessary.