

Case Number:	CM14-0124129		
Date Assigned:	08/11/2014	Date of Injury:	03/20/2008
Decision Date:	09/26/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 63 year old male who was injured on 3/20/2008 involving an accidental electrocution. He was diagnosed with nonfatal effects of electric current. He was later diagnosed with alcohol dependency, depression, anxiety, and insomnia. He was treated with acupuncture, various oral medications, bracing, ice packs, heat, physical therapy/home exercises, injections, and nerve stimulation therapy all with minimal or no benefit, according to the notes available for review. On 6/9/2014, the worker was seen by his treating physician complaining of bilateral arm pain and tingling related to his electrocution rated at an 8/10 on the pain scale even while taking his medications which included bupropion, buspirone, Flector patch, gabapentin, lidocaine gel, Tylenol with Codeine, and zolpidem. He was then prescribed refills on his medications without change to the treatment plan. A urine drug screen was performed that same day, and follow-ups with the pain specialist were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 10mg #60 12 refills Retro 6/9/14: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Anxiety medications in chronic pain.

Decision rationale: The MTUS Guidelines do not address buspirone specifically. The ODG, however, states that it is only approved for short-term relief of anxiety symptoms and is at this time not recommended for long-term chronic use. SSRIs are considered first-line therapy for anxiety disorder, which the worker is already using. However, he had been using the buspirone chronically, and continuing buspirone is not recommended nor medically necessary.

Zolpidem 6.25mg #30 2 refills 6/9/14 Retro: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness section, sedative hypnotics, AND Pain section, zolpidem, AND Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, He had been using zolpidem chronically to help with his sleep, but chronic use is not recommended and therefore, continuing zolpidem is not medically necessary or warranted.

Flector Patch 1.3% 12 refills Retro 6.9.14: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and

systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. Chronic NSAID use is generally not recommended for neuropathic pain as well as soft tissue pain and Flector patch is not recommended for use longer than to treat an acute injury. Therefore, the Flector patch is not medically necessary.

Lidocaine HCL 2% Gel #3 tubes 12 refills retro 6/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, he seems to have neuropathic pain and already is taking a first-line agent (gabapentin) to treat this. However, the preparation being gel rather than a Lidoderm patch is not recommended generally as this preparation has not been studied as much. Also, there is no documented evidence of functional or pain-reducing benefits from the use of lidocaine gel over the gabapentin alone in order to even consider its use as an exception. Therefore, the lidocaine gel is not medically necessary.

Tylenol with Codeine 300-60mg #60 2 refills Retro 6/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using this medication chronically for some time. Upon review of the documents available, there seems to

no significant change in his pain level and function with the use of Tylenol #4 with codeine. Therefore, there is no medical necessity to continue it chronically.

Office Visits for Pain Management and Prescription Refills every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92,127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 81; 124. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), p. 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, continuing to see the pain specialist is warranted as long as opioids or other specific procedures are being considered. However, since continuing his Tylenol #4 seems unnecessary, the need for monitoring over 3 more months is not necessary. Weaning down on this medication warrants some followup, but may only take a few weeks depending on the worker's response to the wean. One appointment for follow-up after a short period of weaning seems more appropriate in this case. Therefore, the 3 month duration of follow-ups with the pain specialist is not medically necessary.