MAXIMUS Federal Services

Case Number:	CM14-0126555		
Date Assigned:	08/13/2014	Date of Injury:	10/08/2010
Decision Date:	10/07/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 53-year-old female who reported an injury on 10/08/2010. The mechanism of injury was not provided with the clinical records. Her diagnoses were noted to be rule out right upper extremity brachial plexopathy; degenerative joint disease, back; instability, cervical; intervertebral disc disorder, cervical and lumbar; radiculopathy, cervical; radiculitis, lumbar; impingement syndrome, right shoulder; insomnia; cervicogenic headaches; and musculoligamentous injury, cervical. Prior treatments were noted to be use of an orthopedic brace in the lumbosacral region, physiotherapy and medications. Diagnostics were noted to be MRI of the lumbar spine and x-ray of the cervical spine. Prior surgeries were not noted. The subjective complaints were noted to be significant pain in the neck and lower back. It is stated this pain radiates down her right arm and right leg. She states numbness and tingling in her right arm and hand. She had numbness and tingling in her right leg and foot. The objective physical examination findings state the injured worker with an antalgic gait. It is also noted she had very stiff posture and decreased range of motion in the cervical and lumbar spine. The treatment plan is for medication refills and a recommendation for a back brace. The provider's rationale is within the treatment plan. A Request for Authorization form was not located within the documentation provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: The request for naproxen 550 mg quantity 1 is non-certified. The California MTUS Medical Treatment Guidelines state naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain. In the clinical evaluation, the injured worker appears to have radicular pain symptoms. Her diagnoses do not indicate osteoarthritis. The request for naproxen 550 mg is not the lowest dose as the guidelines recommend. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for naproxen 550 mg quantity 1 is non-certified.

Norco 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain in patients on opiates. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The clinical documentation fails to provide an adequate pain assessment. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In addition, the provider's request fails to give a frequency for dosage of Norco. Therefore, the request for Norco 10/325 mg is non-certified.

Ambien10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Insomnia Treatment

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 (AmbienÂ®)

Decision rationale: The request for Ambien 10 mg is non-certified. The Official Disability Guidelines indicate Zolpidem as a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. While sleeping pills, also called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. The clinical documentation indicates Ambien as a refill. The guidelines do not recommend long term use. The provider's request fails to indicate a dosage frequency and quantity. As such, the request for Ambien 10 mg is non-certified.

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine -Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin patches is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics as an option. These are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Terocin patches are topical Lidocaine and menthol. No commercially approved topical formulations of Lidocaine, whether creams, lotions or gels, are indicated for neuropathic pain. In addition, the provider's request fails to provide a dosage or dosage frequency or quantity. Therefore, the request for Terocin patches is non-certified.

Flurbi Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flurbi cream is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate 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 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 a 2 week period. This agent is not currently FDA approved for topical application. In addition, to the guidelines recommendation there is no objective data to support efficacy with use of Flurbi cream for the injured worker. The provider's request does not indicate a dosage, frequency or quantity. Therefore, the request for Flurbi cream is non-certified.

Gabacyclotham: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Gabacyclotham is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics as an option. They 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The injured worker does not have documentation of a failed trial of antidepressants or anticonvulsants. It is not indicated what ingredients are in Gabacyclotham. In addition, the provider's request fails to give a dosage, frequency, quantity, and application site. As such, the request for Gabacyclotham is non-certified.

Soma 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 350 mg is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Soma. This medication is not indicated for long term use. It is a commonly prescribed, centrally acting skeletal muscle

relaxant whose primary active metabolite is Meprobamate. Abuse has been noted for sedative and relaxant effects. In regular abusers its main concern is the accumulation of Meprobamate. There is little to no research in terms of weaning of high dose Soma and there is no standard treatment regimen for patients with known dependence. The clinical evaluation does not objectively identify muscle spasms. The documentation does not indicate efficacy with prior use of Soma. The guidelines do not recommend Soma. In addition, the provider's request fails to provide a dosage frequency and quantity. Therefore, the request for Soma 350 mg is non-certified.

Sominicin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Medical Food, Melatonin, Hydroxytryptophan

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for Sominicin is non-certified. A search of the California MTUS Guidelines, as well as the Official Disability Guidelines cannot locate the request the provider submitted for review. Additional research online still found no results for the request. The request is non-certified.

Genecin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The request for Genecin is non-certified. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The clinical documentation did not indicate arthritic symptomatology or knee osteoarthritis. Additional information would be needed from the provider to make a decision on this particular request. As such, the request is non-certified.