

<b>Case Number:</b>	CM14-0134214		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine & Rehabilitation,, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old female who reported an injury on 03/29/2005. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of failed back syndrome of the lumbar spine; muscle spasm; generalized abdominal pain; fibromyalgia/myositis; unspecified neuralgia, neuritis, radiculitis; and radiculopathy of the lumbar spine. Past treatments consisted of physical therapy and medication therapy. Medications include Celexa, theophylline ER, ProAir, Ventolin, Amitiza, Robaxin, Imitrex, Ambien, fentanyl, hydrocodone, lidocaine, and Topamax. The injured worker underwent a laminectomy to the spine. On 08/19/2014, the injured worker reported pain in her lower back, hip, and neck. The physical examination revealed normal curvature of the cervical spine. The cervical spine had bilateral paraspinous tenderness. Palpable twitch positive trigger points were noted in the muscles of the head and neck, specifically. It's much more severe in the right trap, paraspinal, and periscap muscles. On examination, there was no evidence of thyroid gland enlargement. Anterior flexion was noted to be 45 degrees. There was pain noted when the neck was flexed anteriorly. Extension of the cervical spine was noted to be full at 75 degrees with pain noted on extension. The examination of the lumbar spine revealed no scoliosis. There was a normal 90 degree straight leg raise. Palpation of the lumbar facet revealed pain on both sides at L3-S1 levels, left greater than the right. There was no pain noted over the lumbar intervertebral spaces on palpation. There was a palpable twitch trigger point noted on the lumbar paraspinous muscle. The injured worker's gait appeared to be antalgic. Palpation of the greater trochanteric bursa revealed tenderness on the left side. Anterior lumbar flexion caused pain. Left and right lateral flexion caused no pain. The treatment plan is for the injured worker to continue the use of Ambien, hydrocodone/acetaminophen, lidocaine ointment, and Imitrex. The provider felt the

medications would help with her severe chronic pain, and that the Ambien would help with her short term treatment of insomnia. The provider also felt that the Imitrex would help with her severe headaches. The Request for Authorization form was submitted on 05/08/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 5mg #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) Pain (chronic).

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

**Decision rationale:** The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short acting non-benzodiazepine hypnotic which is approved for 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. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The report revealed that the injured worker had been taking Ambien since at least 05/08/2014. Taking this into consideration, the request exceeds the recommended guidelines for short term use. As such, the request for Ambien 5 mg is not medically necessary.

**Hydrocodone/Acetaminophen 7.5/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lortab, Margesic-H, Maxidone, Norco, Stagesic, Vicodin, Xodol, Zydone, generics available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Ongoing Management Page(s): 91, 78.

**Decision rationale:** California MTUS Guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be submitted. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. As per the Guidelines above, the documentation submitted lacked evidence of the 4 A's being adequately addressed.

Given that the submitted report documented that the injured worker did have severe pain, there lacked any measurable pain levels using VAS. There was also no urinalysis tests submitted in the report for review. Furthermore, the request did not specify a frequency or duration. As such, the request for hydrocodone/acetaminophen is not medically necessary.

**Lidocaine 5% topical ointment:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Per the Guidelines, lidocaine is not a recommended topical analgesic. Additionally, the submitted report lacked any evidence or a rationale as to why the injured worker would require a topical cream versus an oral medication. Furthermore, the dose, quantity, and frequency for the proposed medication were not provided in the submitted request. Given the above, the request for lidocaine 5% topical ointment is not medically necessary.

**Imitrex 50mg #9 with 3 refills:** 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), Head.

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

**Decision rationale:** According to ODG, triptans are recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to 1 triptan does not predict a poor response to other agents in the class. Medication overuse headache is also a high risk factor condition which is frequently presented with the overuse of analgesics. Guidelines state that the use of the same medications on less than or equal to 15 days a month or a regular basis for less than or equal to 3 months with no overuse of any 1 class will relieve headache that is worse during medication overuse. Recommended treatment for migraine headaches due to medication overuse include screening for medication usage via the following: interviews with the patient, interviews with the family members, and contact with prescribing physician and pharmacy bill records. Urine drug screens are also recommended. Complex cases may require both medical and behavioral intervention. Given the above, the injured worker does not meet the ODG Guideline criteria. As such, the request for Imitrex 50 mg is not medically necessary.

