

<b>Case Number:</b>	CM14-0136009		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/26/2002
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 records, presented for review, indicate that this 62-year-old female was reportedly injured on March 26, 2002. The most recent progress note, dated July 18, 2014 indicated that there were ongoing complaints of chronic pain, neck and upper extremity pain, and myofascial pain. The physical examination demonstrated widespread myofascial tenderness with multiple trigger points with muscle spasms. Tenderness was noted over the epicondyles, wrist, and knees with a positive Tinel's sign of both wrists. Sensory deficits were noted in the bilateral upper extremities with general motor weakness and hand grip strength of both hands and decreased fine motor skills. Gait was unsteady and the claimant was noted to be obese, using a walker for ambulation and oxygen for COPD. Diagnostic imaging studies were not disclosed. Previous treatment included pharmacotherapy, activity modifications, and an epidural steroid injection. A request had been made for tramadol 50 mg #60 (dispensed 7-18-14, zolpidem 10 mg #30, baclofen 10 mg #180 (dispensed 7-18-14), omeprazole 20 mg #60 (dispensed 7-18-2014), and terocin 4% lidocaine patch #30 and was not certified in the pre-authorization process on August 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Overturned

**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 Page(s): 82, 113 of 127.

**Decision rationale:** MTUS treatment guidelines support the use of tramadol (Ultram) for treatment of moderate to severe pain after there has been evidence of failure of a first-line option and documentation of improvement in pain and function with the medication. Review of the medical record provides documentation that this medication is not being utilized as a first-line agent. Multiple classes of pharmacotherapy are provided in the current regimen. Documentation of decrease in pain, improvement in function, and an ongoing attempts to wean the claimant off of baclofen and Klonopin are noted. Based on review of the record provided, this request is medically necessary.

**Zolpidem 10mg #30:** Upheld

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

**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) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 10/06/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address this request; therefore ODG was used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. The medical record indicates that this medication has been used on a chronic basis, rather than for a short-term (2-6 week) course, as supported by the guidelines. As such, this request is not medically necessary.

**Baclofen 10mg #180:** 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 Page(s): 63, 64 of 127..

**Decision rationale:** Baclofen is a pre/post-synaptic GABAB receptor blocker recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain associated with trigeminal neuralgia. Review of the available medical records fails to document any signs and symptoms or a diagnosis of multiple sclerosis, trigeminal neuralgia or a spinal cord injury with spasticity. As such, the guidelines do not support baclofen and this request is not considered medically necessary. Additionally, CA MTUS Guidelines support the use of muscle relaxants only as 2nd line treatment options for the short-term

management of acute exacerbations of chronic low back pain. The attached medical record does not indicate that the injured employee is having any exacerbations of low back pain and indicates that this medication is being used chronically. While the medical record references an intent to wean the patient off of baclofen, review of several of the preceding progress notes provides no documentation of a downward titration of this medication. For these reasons, this request for baclofen is not medically necessary.

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127..

**Decision rationale:** Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. An unspecified GI disorder has been documented as a diagnosis for this claimant. Therefore, the use of this medication is medically necessary. However, the unspecified G.I. disorder has not been disclosed to support a b.i.d. dosing regimen. In the absence of such documentation, this request is not medically necessary.

**Terocin 4% Lidocaine patch #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127.

**Decision rationale:** Terocin is a topical analgesic containing lidocaine and menthol. MTUS guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, this request is considered not medically necessary.