

<b>Case Number:</b>	CM14-0168634		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 41 year old female with date of injury 3/19/2008. The mechanism of injury is not stated in the available medical records. The patient has complained of neck, bilateral arm and lower back pain since the date of injury. She has been treated with physical therapy, extracorporeal shockwave therapy (ESWT), synvisc injection and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical and lumbar spine, positive Spurling's maneuver, decreased strength in the bilateral biceps and wrist extensors, bilateral lumbar paraspinous musculature tenderness to palpation. Diagnoses: lumbar spine degenerative disc disease, right knee internal derangement, cervical spine degenerative disc disease. Treatment plan and request: Tramadol/acetaminophen, alprazolam, zolpidem, Flurbiprofen 20%/menthol 2%/Camphor 2%/Capsaicin 0.025% 240gm cream; Tramadol 20%/Gabapentin 15%/Amitiptyline 10% 240gm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Acetaminophen 37.5/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain; criteria for use for a therapeutic tr.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 41 year old female has complained of neck, bilateral arm and lower back pain since date of injury 3/19/2008. She has been treated with physical therapy, ESWT, synvisc injection and medications to include opioids since at least 03/2014. The current request is for Tramadol/acetaminophen. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol/acetaminophen is not indicated as medically necessary.

**Alprazolam 1mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This 41 year old female has complained of neck, bilateral arm and lower back pain since date of injury 3/19/2008. She has been treated with physical therapy, ESWT, synvisc injection and medications to include alprazolam since at least 03/2014. The current request is for alprazolam. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, alprazolam is not indicated as medically necessary in this patient.

**Zolpidem 10mg #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)-TWC Pain Procedure Summary last updated 09/10/2014; regarding Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.UpToDate.com/zolpidem](http://www.UpToDate.com/zolpidem)

**Decision rationale:** This 41 year old female has complained of neck, bilateral arm and lower back pain since date of injury 3/19/2008. She has been treated with physical therapy, ESWT, synvisc injection and medications to include zolpidem since at least 03/2014. The current request is for zolpidem. Zolpidem (Ambien) is recommended for the short term treatment of insomnia not to exceed 2-6 weeks duration. There is no evidence that the provider has prescribed this medication according to the recommended medical guidelines and the available medical records

show that it has been prescribed far beyond the recommended duration. Ambien, therefore, is not indicated as medically necessary in this patient.

**Flurbiprofen 20%/menthol 2%/Camphor 2%/Capsaicin 0.025% 240gm cream:** 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): 111.

**Decision rationale:** This 41 year old female has complained of neck, bilateral arm and lower back pain since date of injury 3/19/2008. She has been treated with physical therapy, ESWT, synvisc injection and medications. The current request is for Flurbiprofen 20%/menthol 2%/Camphor 2%/Capsaicin 0.025% 240gm cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental and, when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20%/menthol 2%/Camphor 2%/Capsaicin 0.025% 240gm cream is not indicated as medically necessary.

**Tramadol 20%/Gabapentin 15%/Amitiptyline 10% 240gm cream:** 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): 111.

**Decision rationale:** This 41 year old female has complained of neck, bilateral arm and lower back pain since date of injury 3/19/2008. She has been treated with physical therapy, ESWT, synvisc injection and medications. The current request is for Tramadol 20%/Gabapentin 15%/Amitiptyline 10% 240gm cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental and, when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Tramadol 20%/Gabapentin 15%/Amitiptyline 10% 240gm cream is not indicated as medically necessary.