MAXIMUS Federal Services

Case Number:	CM15-0128730		
Date Assigned:	07/15/2015	Date of Injury:	11/16/2012
Decision Date:	09/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 35-year-old who has filed a claim for chronic neck, mid back, low back, and shoulder pain reportedly associated with an industrial injury of November 16, 2012. In multiple Utilization Review reports dated June 12, 2015, the claims administrator failed to approve several topical compounded agents, Norflex, Ambien, urine drug screen, and Xanax. The claims administrator referenced a May 19, 2015 progress note and an associated RFA of the same date in its determination. The applicant's attorney subsequently appealed. On May 28, 2015, the applicant received manipulative therapy in the clinic. The applicant's work and functional status were not detailed. Ongoing complaints of neck, back, and shoulder pain were reported. On May 22, 2015, aquatic therapy, acupuncture, and manipulative therapy were endorsed while the applicant was placed off of work, on total temporary disability. The treating provider acknowledged that the applicant received 23 sessions of acupuncture to date, 14 sessions of physical therapy to date, and 18 sessions of manipulative therapy to date. The applicant had multifocal complaints of low back, neck, and shoulder pain with derivative complaints of psychological stress, anxiety, and depression, it was reported. On May 19, 2015, the applicant reported multifocal complaints of neck, low back, and shoulder pain with derivative complaints of depression, anxiety, and irritability, 7/10. Several topical compounded medications, Xanax, Norflex, and Ambien were prescribed, seemingly without any discussion of medication efficacy. One of the listed diagnoses included nervousness/anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 5% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Baclofen, Gabapentin Page(s): 111-113.

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

Decision rationale: No, the request for a Gabapentin-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Voltaren Gel (diclofenac), Capsaicin, Baclofen.

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

Decision rationale: Similarly, the request for flurbiprofen-baclofen-dexamethasone containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Orphenadrine ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Similarly, the request for orphenadrine (Norflex), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the

MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are recommended with caution as second-line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 90-tablet supply of orphenadrine at issue represented chronic, long-term, and/or thrice-daily usage, i.e. usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. This request is not medically necessary.

Ambien 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), Pain Chapter, Zolpidem.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the renewal or extension request for Ambien, in effect, represented treatment in excess of the FDA label. In a similar vein, ODG's Mental Illness and Stress Chapter Zolpidem topic notes that zolpidem or Ambien is not recommended for long-term usage but, rather, should be reserved for short-term use purposes. Here, thus, the renewal or extension request for Ambien was at odds with both the FDA label and the ODG position against long-term usage of the same. The attending provider failed to furnish any medical evidence, which would offset the unfavorable FDA and ODG positions on the article at issue. Therefore, the request was not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend intermittent drug testing as an option to assess for the presence or absence of illicit drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intended to test for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not stated when the applicant was last tested. The applicant's complete medication list was not attached to the June 19, 2015 progress note in question. It was not stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of United States Department of Transportation when performing said testing. Sine multiple criteria for pursuit of drug testing were not met, the request was not medically necessary.

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the renewal or extension request for 60 tablets of Xanax represented chronic, long-term, and/or twice daily usage of the same, i.e., usage which ran counter to the ACOEM position on the same. Therefore, the request was not medically necessary.