

Case Number:	CM15-0178885		
Date Assigned:	09/21/2015	Date of Injury:	07/23/2004
Decision Date:	11/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Arizona, Michigan

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:

This 59 year old male sustained an industrial injury on 7-23-04. The injured worker is being treated for chronic low back pain. Treatments to date include MRI testing, injections and prescription medications including Ketamine, Norflex and Capsaicin. An MRI dated 3-17-15 revealed abnormalities of the lumbar spine. The injured worker has continued complaints of low back pain. Upon examination, tenderness to palpation was noted at the lumbosacral junction. Antalgic gait was noted. Lumbar range of motion was reduced. A request for Zolpidem-Ambien 5mg #30, Ketamine 5% cream 60 gr, Capsaicin (pepper cream) 0.075% #3, Gabapentin 600mg #60 and Viagra 25mg #40 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem-Ambien 5mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpidem (Ambien).

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

Decision rationale: The MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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 anti-anxiety 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. However, in the treating physicians appeal medical record it is noted that the injured worker has improved sleep quality and duration of up to 6 hours with the use of Ambien, which he only uses on an as needed basis, the continued use appears appropriate and is medically necessary.

Ketamine 5% cream 60 gr: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended 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 anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records reveal an appeal note by his treating physician, documenting failed trials of multiple oral medications including opioids, muscle relaxants, NSAIDS as well as acupuncture, TENS and ESI, It is reported that he has a reduction in pain from an 8/10 to a 4/10 as well as improvement in function including ADL's, walking and exercise, with the use of topical Ketamine and Capsaicin, the continued use appears appropriate and therefore the request for Ketamine cream is medically necessary.

Capsaicin (pepper cream) 0.075% #3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended 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 anti-depressants and anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records reveal an appeal note by his treating physician, documenting failed trials of multiple oral medications including opioids, muscle relaxants, NSAIDS as well as acupuncture, TENS and ESI, It is

reported that he has a reduction in pain from an 8/10 to a 4/10 as well as improvement in function including ADL's , walking and exercise, with the use of topical Ketamine and Capsaicin, the continued use appears appropriate and therefore the request for Capsaicin (pepper cream) 0.075% #3 is medically necessary.

Gabapentin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal an appeal note by his treating physician, documenting failed trials of multiple oral medications including opioids, muscle relaxants, NSAIDS as well as acupuncture, TENS and ESI. It is reported that he has a 30-40% reduction in neuropathic pain symptoms as well as improvement in function including ADL's , walking and exercise, with the use of Gabapentin. The continued use appears appropriate and therefore the request for Gabapentin 600mg #60 is medically necessary.

Viagra 25mg #40: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National library of medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate / Viagra.

Decision rationale: The MTUS did not address the use of Viagra therefore, other guidelines were consulted. Per UpToDate Viagra is a Phosphodiesterase-5 Enzyme Inhibitor used in the treatment of erectile dysfunction. It is reported that that injured worker is experiencing erectile dysfunction due to chronic use of opiates. It is also reported that he only use the Viagra occasionally and is able to attain and maintain an erection with the use of Viagra with no side effects. The continued use appears appropriate; therefore, the request for Viagra is medically necessary.