

Case Number:	CM15-0069678		
Date Assigned:	04/17/2015	Date of Injury:	10/12/2012
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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 41-year-old who has filed a claim for chronic low back, hip, and groin pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of October 12, 2012. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve a request for Senna, an ibuprofen-containing topical compound, and Ambien. The claims administrator referenced a RFA form received on March 19, 2015 and a progress note of February 18, 2015 in its determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of low back pain, worsening over time. Derivative complaints of depression, anxiety, and emotional volatility were also reported. The applicant's medication list apparently included Norco, Senna, an ibuprofen-containing topical compound, and Ambien. The applicant's primary pain generator was low back, it was noted, with ancillary complaints of neck pain and headaches. The applicant was also placed off of work, on total temporary disability, between March 27, 2015 through May 12, 2015, it was reported. The note was very difficult to follow and mingled historical issues with current issues. On February 18, 2015, the applicant reported persistent complaints of low back, hip, and neck pain with derivative complaints of depression, anxiety, headaches, and constipation. The applicant was again placed off of work, on total temporary disability, Flexeril, Norco, Senokot, an ibuprofen-containing topical compound, and Ambien were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot (unspecified dose and qty): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Yes, the request for Senokot, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants who have developed issues with opioid-induced constipation in applicants using opioids. Here, the applicant had apparently developed actual symptoms of constipation associated with ongoing usage of Norco. Usage of Senokot, thus, was indicated, to combat the same. Therefore, the request was medically necessary.

Ibuprofen 10% cream 60g: 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): 112.

Decision rationale: Conversely, the request for an ibuprofen-containing cream was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator on or around the date in question was the low back (lumbar spine). However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is "little evidence" to utilize topical NSAIDs for treatment of the spine, hip, and/or shoulder. The attending provider failed to furnish a rationale for usage of an ibuprofen-containing compound for the low back, i.e., a region not easily amenable to topical application. Therefore, the request was not medically necessary.

Ambien 10mg (unspecified qty): 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), Zolpidem (Ambien).

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 U.S. Food and Drug Administration INDICATIONS AND USAGE Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Finally, 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, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, continued usage of Ambien, in effect, represented treatment in excess of the FDA label. The attending provider failed to furnish a compelling applicant- specific rationale or medical evidence which would support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.