

Case Number:	CM15-0072335		
Date Assigned:	04/22/2015	Date of Injury:	02/22/2012
Decision Date:	06/26/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: 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 injured worker is a 55-year-old male, who sustained an industrial injury on 2/22/2012. The current diagnoses are displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, lumbar sprain, thoracic sprain, and thoracic spondylosis without myelopathy. According to the progress report dated 1/27/2015, the injured worker complains of severe low back pain with radiation down his left leg associated with numbness and weakness. His current pain is rated 9/10, but 5/10 at its best with medications and 9/10 at its worst. The current medications are Norco, Flexeril, Ambien, Lorazepam, Lidoderm patch, Celebrex, and Voltaren gel. Treatment to date has included medication management, MRI studies, physical therapy, electrodiagnostic testing, TENS unit, chiropractic, and epidural steroid injection. The plan of care includes Flexeril, Ambien, Lidoderm patch, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. The injured worker is being treated for chronic pain with no documentation of an acute exacerbation of pain. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg #60 is determined to not be 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), Stress & Mental Illness Chapter, Non-Benzodiazepine sedative-hypnotics.

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

Decision rationale: The MTUS Guidelines do not address the use of Ambien. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Ambien reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use Ambien have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for Ambien. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Additionally, there is no quantity associated with this request. The request for Ambien 10mg (unspecified qty) is determined to not be medically necessary.

Lidoderm patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Topical Analgesics Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The request for Lidoderm patch 5% #60 is determined to not be medically necessary.

Voltaren gel 30mg #3 tubes: 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 Section Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). This medication has not been evaluated for treatment of the spine or hip. The request for Voltaren gel 30mg #3 tubes is determined to not be medically necessary.