

Case Number:	CM15-0085963		
Date Assigned:	05/29/2015	Date of Injury:	05/27/2014
Decision Date:	10/07/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 36-year-old male, who sustained an industrial injury on 05/27/2014. He has reported injury to the low back. The diagnoses have included lumbar sprain/strain; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, acupuncture, chiropractic therapy and physical therapy. Medications have included Norco, Protonix, Gabapentin, Zolpidem, and topical compounded creams. A progress note from the treating physician, dated 03/12/2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain, with heaviness, numbness, and tingling radiating to the bilateral lower extremities; pain is rated 9/10 on the pain scale with medication; and pain is aggravated by change in temperature, sudden movement, repetitive sitting, standing, walking, bending, twisting, and squatting. Objective findings included tenderness to palpation of the lumbar paravertebral muscles and the bilateral sacroiliac joints; muscle spasm of the bilateral gluteus and lumbar paravertebral muscles; sitting straight leg raise is positive on the right; and lumbar spine range of motion is decreased. There was positive Lasegue's and Kemp's test. The treatment plan has included the request for Zolpidem 10mg #30; Flurbiprofen/Baclofen/Dexamethasone /Menthol/Camphor/Capsaicin; Protonix 20mg #60; medication management; urine toxicology screen; Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine in cream base 30gms; and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Pain, Insomnia.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that sleep medications can be utilized for short-term treatment of sleep disturbances associated with chronic pain syndrome. The chronic use of sleep medications can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with sedative medications. The records indicate that the patient is utilizing Ambien with opioids and multiple sedative medications concurrently. The duration of utilization of Ambien had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Ambien 10mg #30 were not met and medically necessary.

Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic medications can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. There is lack of guidelines support for the use of topical formulations of baclofen, dexamethasone, menthol or camphor in the treatment of chronic musculoskeletal pain. The criteria for the use of flurbiprofen/baclofen/dexamethasone/menthol/camphor/capsaicin were not met. The criteria for the use of flurbiprofen /baclofen/dexamethasone/camphor/capsaicin were not met and are not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in high-risk patients. The records did not show that the patient was elderly or that he was on chronic NSAIDs medications. The guidelines noted that Protonix is a second line proton pump inhibitor for use when first line medications such as omeprazole have failed. There is no documentation of a significant history of gastrointestinal disease or failure of first line medication. The criteria for the use of Protonix 20mg #60 were not met and is not medically necessary.

Medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to expert specialist when the diagnosis is too complex or when there is significant co-existing psychosomatic disorders. The records did not indicate that the patient is utilizing complex medication regimen that requires management by an expert provider. There is no documentation of failure of routine medications, none compliance or drug interaction. The criteria for medication management were not met and are not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Urine Toxicology can be utilized for compliance monitoring during chronic opioids and sedative treatment. The guidelines recommend testing at initiation of treatment and then randomly with increased frequency in the presence of red flag condition. The records did not indicate that presence of non-compliance or the presence of a red flag condition. The criteria for Urine Toxicology screen were not met or medically necessary.

Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine in cream base 30gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic medications can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. There is lack of guidelines support for the use of topical formulations of gabapentin, cyclobenzaprine or bupivacaine in the treatment of chronic musculoskeletal pain. The criteria for the use of gabapentin 10% /cyclobenzaprine 6%/bupivacaine in cream base 30gms was not met.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient is utilizing Norco for the treatment of exacerbation of musculoskeletal pain. There is documentation of compliance and functional restoration. The criteria for the use of Norco 10/325mg #60 were met and is medically necessary.