

Case Number:	CM15-0092202		
Date Assigned:	05/15/2015	Date of Injury:	08/26/2013
Decision Date:	06/18/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/07/2015

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: Physical Medicine & Rehabilitation

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 56-year-old male, who sustained an industrial injury on 8/26/2013. He reported repetitive trauma type injuries to the low back, right knee, left shoulder and developed pain and tingling to the right wrist, elbow and fingers. Diagnoses include cervical, thoracic, and lumbar strain/sprains, bilateral shoulder, elbow and wrist sprain/strain, right knee strain/sprain, right great toe contusion, depression and anxiety, and sleep disturbance secondary to pain. Treatments to date include medication therapy, physical therapy and acupuncture. Currently, he had multiple complaints including the neck, mid/upper back, lower back, bilateral upper extremities, right knee and right foot. There was associated numbness and pain in the right wrist and hand. Neck pain was rated 5-6/10- VAS, 1-2/10 VAS in mid-upper back, increased low back pain to 5/10 VAS, and 1-2/10 VAS in the shoulders. He also complained of insomnia secondary to pain. On 8/13/14, the physical examination documented tenderness to palpation in pain regions, with muscle spasms noted in lumbar and cervical spines. The plan of care included Ambien 5mg tablets #30 dispensed between 8/13/14 and 8/15/14; and Fluriflex 180/240 grams dispensed between 8/13/14 and 10/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ambien 5mg #30 (dispensed between 8/13/14 and 8/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Retrospective 1 Prescription of Ambien 5mg #30 (dispensed between 8/13/14 and 8/15/14) is not medically necessary and appropriate.

Retrospective Fluriflex 180 gm/240gm (dispensed between 8/13/14 and 10/8/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury without improved functional outcomes attributable to their use. The Retrospective 1 Prescription of Fluriflex 180 gm/240gm (dispensed between 8/13/14 and 10/8/14) is not medically necessary and appropriate.

Retrospective TGHOT 180gm/240gm (dispensed between 8/13/14 and 10/8/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19; Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of capsaicin 0.05% formulation nor anti-epileptic medication Gabapentin or topical opioid of Tramadol over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2001. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Retrospective 1 Prescription of TGHOT 180gm/240gm (dispensed between 8/13/14 and 10/8/14) is not medically necessary and appropriate.