

Case Number:	CM15-0096001		
Date Assigned:	05/21/2015	Date of Injury:	06/10/2004
Decision Date:	07/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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 51 year old male who sustained an industrial injury on 06/10/2004. Current diagnoses include lumbar degenerative disc disease, status post multiple L4-5 discectomies, lumbosacral radiculopathy, chronic low back pain, bilateral peroneal neuropathies, status post bilateral surgical peroneal decompression, significant gait disturbance, pain related insomnia, possible left hip degenerative joint disease, bilateral shoulder impingement syndrome, and bilateral chronic knee pain. Previous treatments included medication management, physical therapy, KAFO brace, peroneal blocks, epidural injections, and lumbar surgery. Report dated 04/08/2015 noted that the injured worker presented with complaints that included chronic pain in the neck and back with radicular symptoms to the bilateral lower extremities, and pain in the left foot at the left fourth and fifth toes. It was noted that the injured worker was previously taking Cymbalta for panic attacks, but the cardiologist has recommended Xanax. Pain level was 8 out of 10 (without medications) (and 3 out of 10 (with medications) on the visual analog scale (VAS). Physical examination was positive for abnormalities in the shoulders, cervical spine, thoracic spine, lumbar spine, and lower extremities. The treatment plan included increasing oxycodone, follow up in five weeks, follow up with multiple imaging, and follow up with cardiologist. Disputed treatments include Robaxin, Xanax, Voltaren gel, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Robaxin 500mg #90. The RFA is dated 04/16/15. Previous treatments included medication management, physical therapy, KAFO brace, peroneal blocks, epidural injections, and lumbar surgeries (most recent surgery 2013). The patient is 100% disabled. MTUS page 63-66 Muscle relaxants (for pain) states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS page 63-66 under Antispasmodics for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. According to progress report 04/08/15, the patient presents with neck pain and back pain that radiates into the lower extremities. The patient is in a wheel chair. Pain level was 8/10 without medications and 3/10 with medications. The patient reports that with Robaxin there is 60% reduction in pain and spasms. The patient's current medications are Xanax, Oxycodone, Cymbalta, Wellbutrin, Robaxin, Oxybutynin, Ambien, Ibuprofen, gabapentin, Voltaren and pain patches. The patient has been using Robaxin since 2012. While the efficacy of Robaxin for this patient is evident, MTUS guidelines recommend non-sedating muscle relaxants for short-term use only. Given that this medication has been prescribed for long term use, recommendation for further use cannot be supported. The requested Robaxin is not medically necessary.

Xanax 1mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Xanax 1mg #60 with 1 refill. The RFA is dated 04/16/15. Previous treatments included medication management, physical therapy, KAFO brace, peroneal blocks, epidural injections, and lumbar surgeries (most recent surgery 2013). The patient is 100% disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." According to progress report 04/08/15, the patient presents with neck pain and back pain that radiates into the lower extremities. The patient is in a wheel chair. Pain level was 8/10 without medications and 3/10 with medications. The patient is receiving Xanax for his panic attacks. The patient's current medications are Xanax, Oxycodone, Cymbalta, Wellbutrin,

Robaxin, Oxybutynin, Ambien, Ibuprofen, gabapentin, Voltaren and pain patches. The patient has been prescribed Xanax since 01/21/15. The MTUS Guidelines recommend maximum of 4 weeks due to unproven efficacy and risk of dependence. Given that this medication has been prescribed for long-term use, continuation cannot be recommended. The requested Xanax is not medically necessary.

Voltaren 1% topical gel #5 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Voltaren 1% topical gel #5 with 2 refills. The RFA is dated 04/16/15. Previous treatments included medication management, physical therapy, KAFO brace, peroneal blocks, epidural injections, and lumbar surgeries (most recent surgery 2013). The patient is 100% disabled. MTUS Chronic Pain Medical Treatment Guidelines page 111 states the following regarding topical analgesics: Largely experimental and used with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Regarding topical NSAIDs, page 111-113 states, indications: Osteoarthritis and tendonitis, in particular that of the knee, and elbow or other joints that are amenable to topical treatment: Recommended for short term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain, not recommended as there is no evidence to support use. According to progress report 04/08/15, the patient presents with neck pain and back pain that radiates into the lower extremities. The patient is in a wheel chair. Pain level was 8/10 without medications and 3/10 with medications. The treater recommended applying the Voltaren topical gel to the "lower extremities due to the pain related to his peroneal nerves." It is unclear when the patient was first prescribed Voltaren gel. It is clear the patient has tried the topical gel in the past as this report noted he states that the gel helps slightly, which indicates prior use. The treater documents that this patient experiences benefit from this medication. However, guidelines do not support the use of topical NSAIDs such as Voltaren gel for spine, hip, or shoulder pain, as they are only supported for peripheral joint arthritis and tendinitis. Without evidence of the presence of peripheral joint complaints amenable to topical NSAIDs, use of this medication cannot be substantiated. The requested Voltaren gel is not medically necessary.

Lunesta 3mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Eszopiclone (Lunesta) & Insomnia treatment.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Lunesta 3mg #30. The RFA is dated 04/16/15. Previous treatments included medication management, physical therapy, KAFO brace, peroneal blocks, epidural injections, and lumbar surgeries (most recent surgery 2013). The patient is 100% disabled. MTUS/ACOEM did not discuss Lunesta for insomnia treatment/ ODG under the pain chapter, for Insomnia treatment states: "Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used 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." ODG pain chapter, for Eszopiclone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use." The patient has been utilizing Ambien on a long term basis and the patient states that he is able to sleep on average 4 hours with Ambien and without it he tends to sleep only about an hour in a night, if at all. On 03/19/15, the treater initiated Lunesta as the patient requested sleep medication as he has been experiencing nightmares with Ambien recently. This is an initial request for medication. While MTUS does not discuss this particular medication, ODG supports the use of Lunesta for short term use for sleep disturbances. Given the patient's chronic pain and current sleep issues a trial of Lunesta is indicated and supported by ODG. The request for Lunesta is medically necessary.