

Case Number:	CM15-0096011		
Date Assigned:	05/26/2015	Date of Injury:	08/29/2012
Decision Date:	07/07/2015	UR Denial Date:	04/18/2015
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: New York
 Certification(s)/Specialty: Internal 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 50 year old male injured worker suffered an industrial injury on 08/29/2012. The diagnoses included lumbar sprain/strain. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications and chiropractic therapy. On 3/26/2015 the treating provider reported constant lumbar pain 7/10 with stabbing low back pain, stiffness and numbness. There was reduced range of motion. The treatment plan included Voltaren gel, Sumatriptan tabs, Zolpidem, Norco, Pantoprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 60 grams: 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 - 114.

Decision rationale: According to the California MTUS Guidelines, Voltaren Gel 1% (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. There is also no documentation of intolerance to other previous oral medications. Medical necessity for the requested topical gel has been not established. The requested 1% Voltaren Gel is not medically necessary.

Sumatriptan tabs 25mg 9 tablets: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: Sumatriptan belongs to triptan class, serotonin 1b/1d receptor agonist recommended for migraine headaches. There is no documentation that injured worker is suffering from migraine. Therefore, the request is not medically necessary.

Zolpidem 10mg 30 tablets: Upheld

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

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

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the patient has chronic low back pain. There is no documentation indicating that Ambien helps with the patient's sleep and also no supporting evidence of objective functional improvement (improved Epworth sleep scale) to support the patient's subjective benefit. There is no documentation provided indicating medical necessity for Ambien.

Norco 10/325mg 30 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9 to 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CHRONIC PAIN CHAPTER.

Decision rationale: The injured worker is complaining of persistent low back pain associated with radicular symptoms. Medical documentation is not clear about the: (1) least reported pain over the period since last assessment; (2) average pain; (3) intensity of pain after taking the opioid; (4) how long it takes for pain relief; (5) how long pain relief lasts; (6) improvement in pain; (7) improvement in function. These are necessary to meet MTUS guidelines MTUS discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request is not medically necessary.

Pantoprazole 20mg 60 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter --PPI.

Decision rationale: According to the California MTUS (2009), Pantoprazole is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. The request is not medically necessary.

Cyclobenzaprine 7.5mg 90 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established.