MAXIMUS Federal Services

Case Number:	CM15-0096706		
Date Assigned:	05/27/2015	Date of Injury:	11/12/1998
Decision Date:	07/03/2015	UR Denial Date:	05/06/2015
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: Florida
Certification(s)/Specialty: Family Practice

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 (IW) is a 47 year old female who sustained an industrial injury on 11/12/1998. She reported multifactorial chronic pain complaints. The injured worker was diagnosed as having a pre-existing history of left knee ACL and MCL repair. She has an on-the job injury that occurred 11/12/1998 that resulted in constant daily pain in the neck, shoulders, arms, wrists, and hands associated with tingling/numbness. She is status post bilateral carpal tunnel release and has chronic myofascial pain. Treatment to date has included oral and topical medications, use of a tens unit and home exercise program. Currently, the injured worker complains of constant daily pain in the neck, shoulders, arms, wrists and hands with tingling and numbness with poor tolerance to prolonged static posture or repetitive activity. There was diminished range of motion in the neck with guarding and hypertonicity. The thoracic spine was kyphotic with palpatory tenderness in the paraspinals. The plan of care included: One (1) continue TENS; One (1) encourage home exercise program within safe limits; One (1) topical compound cream: Flurbiprofen 20%, Lidocaine 5% 4 gm, alternating with Cyclobenzaprine 10%, Lidocaine 2% 4 gm; Ambien 5 mg #20; Cymbalta 60 mg #30 with 3 refills; Celebrex 200 mg #30 with 3 refills; Lidoderm 5% #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) topical compound cream: Flurbiprofen 20%, Lidocaine 5% 4 gm alternating with Cyclobenzaprine 10%, Lidocaine 2% 4 gm: 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, pages 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS guidelines states that there is no evidence for use of any other muscle relaxant (aside from Baclofen with certain indications) as a topical product. This requested topical analgesic contains Cyclobenzaprine, which is a muscle relaxant and which is not recommended by the MTUS guidelines in topical form. Likewise, this medication request is not considered medically necessary.

Ambien 5 mg #20: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online 2015-Sedative Hypnotics-Zolpidem.

Decision rationale: Claifornia MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted. The ODG states concerning Ambien (Zolpidem) that it is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly prescribed in chronic pain there is no evidence to support their long term/chronic use. Likewise, this request for Zolpidem is not medically necessary.

Cymbalta 60 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta. Page 42 of 127.

Decision rationale: California MTUS guidelines states regarding Cymbalta, "Cymbalta is the brand name for duloxetine, and it is supplied by [redacted]. Duloxetine is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors

(SNRIs)." This patient has been taking Cymbalta since 2009. Recent records do not clearly state that she is taking this medication to control neuropathic pain, but they do indicate that she is taking it to help control chronic pain. Utilization review approved this medication without refills, to allow for follow up and reassessment. This is a reasonable approach. Likewise, this request for Cymbalta with refills is not considered medically necessary at this time.

Celebrex 200 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): Pages: 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Celebrex is not medically necessary.

Lidoderm 5% #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, page(s) 56-57 Page(s): Lidoderm, page(s) 56-57.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.