

<b>Case Number:</b>	CM15-0099023		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 60-year-old male, who sustained an industrial injury on 10/29/10. He reported a back injury following a motor vehicle accident. The injured worker was diagnosed as having lumbalgia, lumbar spondylosis, lumbar radiculopathy, lumbar degenerative disc disease. Treatment to date has included oral medications including Cyclobenzaprine, Gabapentin, Tramadol, Ultracet, Norco, Omeprazole, Tylenol, Zolpidem and topical Flector patch, physical therapy. Currently, the injured worker complains of constant aching low back pain. He notes 80% relief in pain with current medications. Physical exam noted tenderness to palpation at lumbar paraspinals, limited range of motion of lumbar spine and positive facet loading bilaterally. A request for authorization was submitted for Flector patch, Ultram, Neurontin and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS 1. 3% #60:** 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 topical analgesics Page(s): 111-113.

**Decision rationale:** Based on the 04/20/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10. The request is for Flector DIS 1.3% #60. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes discogenic low back pain, radiculitis and spondylosis. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to lumbar paraspinals. Range of motion restricted in all planes. Positive facet loading bilaterally. Treatment to date has included physical therapy, TENS and medications. Patient's medications include Flector Patch, Gabapentin, Ambien, Norco, Tramadol, Metaxalone and Cyclobenzaprine. Patient's work status not provided. Per 04/20/15 report, patient has "no restrictions" under "disability status." Treatment reports were provided from 11/17/14 -04/20/15. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 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". Flector patches were included in patient's prescriptions, per progress reports dated 11/17/14, 12/29/14, and 04/20/15. Treater has not provided reason for the request, nor indicated what body part would be treated. Per 04/20/15 report, treater states that current medications provide 80% relief. However, the patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. MTUS Guidelines state that there is "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder". This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Cyclobenzaprine (Flexeril) 10 mg #60:** 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 Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Based on the 04/20/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10. The request is for Cyclobenzaprine (Flexeril) 10 mg #60. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes discogenic low back pain, radiculitis and spondylosis. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to lumbar paraspinals. Range of motion restricted in all planes. Positive facet loading bilaterally. Treatment to date has included physical therapy, TENS and medications. Patient's medications include Flector Patch, Gabapentin, Ambien, Norco, Tramadol, Metaxalone and Cyclobenzaprine. Per 04/20/15 report, treater states that current medications provide 80% relief. The patient reports no side effects. Patient's work status not provided. Per 04/20/15 report, patient has no work restrictions. Treatment reports were provided from 11/17/14 -04/20/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available):

Recommended for a short course of therapy. " Cyclobenzaprine has been included in patient's medications per progress reports dated 11/17/14, 12/29/14 and 04/20/15. MTUS only recommends short-term use of muscle relaxants. The patient has been prescribed Cyclobenzaprine at least since 11/12/14 report, which is more than 5 months from UR date of 04/30/15. Furthermore, the current request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

**Norco 10/325 mg #30: 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 Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 04/20/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10. The request is for Norco 10/325 mg #30. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes discogenic low back pain, radiculitis and spondylosis. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to lumbar paraspinals. Range of motion restricted in all planes. Positive facet loading bilaterally. Treatment to date has included physical therapy, TENS and medications. Patient's medications include Flector Patch, Gabapentin, Ambien, Norco, Tramadol, Metaxalone and Cyclobenzaprine. Patient's work status not provided. Per 04/20/15 report, patient has no work restrictions. Treatment reports were provided from 11/17/14 - 04/20/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications per progress reports dated 12/29/14, 01/19/15 and 04/20/15. It is not known when Norco was initiated. In this case, treater has not stated how Norco significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." Per 04/20/15 report, treater states that current medications provide 80% relief. Per 04/20/15 report, treater states the patient reports no side effects or aberrant behavior. Opioid agreement signed 04/20/15. However, there are no UDS's to support statement pertaining to aberrant behavior; and there are no specific discussions of ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Ambien (Zolpidem) 10 mg #30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

**Decision rationale:** Based on the 04/20/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 and sleep impairment. The request is for Ambien (Zolpidem) 10 mg #30. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes discogenic low back pain, radiculitis and spondylosis. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to lumbar paraspinals. Range of motion restricted in all planes. Positive facet loading bilaterally. Treatment to date has included physical therapy, TENS and medications. Patient's medications include Flector Patch, Gabapentin, Ambien, Norco, Tramadol, Metaxalone and Cyclobenzaprine. Per 04/20/15 report, treater states that current medications provide 80% relief, and the patient reports no side effects. Patient's work status not provided. Per 04/20/15 report, patient has no work restrictions. Treatment reports were provided from 11/17/14 -04/20/15. ACOEM and MTUS Guidelines do not address Ambien. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. (Feinberg, 2008)" Ambien has been included in patient's medications per progress reports dated 12/01/14, 01/19/15 and 04/20/15. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. In this case, Ambien has been prescribed at least since 12/01/14, which is more than 5 months from UR date of 04/30/15. Furthermore, the request for quantity 30 does not indicate intended short-term use of this medication and exceeds guideline indication. This request is not accordance with guidelines. Therefore, the request is not medically necessary.