

Case Number:	CM15-0099879		
Date Assigned:	06/02/2015	Date of Injury:	09/12/2006
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 29 year old female, who sustained an industrial injury on 09/12/2006. She had ongoing pain in the low back and lower extremities. On 03/27/2015, she underwent a lumbar transforaminal bilateral epidural steroid injection. According to a progress report dated 04/15/2015, the injured worker had ongoing pain and discomfort in her low back and lower extremities. Pain originated in her low back and traveled into her lower extremities. She reported a significant amount of pain and stiffness of the lumbar spine and lower extremity during the course of the performance of activities of daily living. Diagnoses included failed back surgery syndrome, status post lumbar laminectomy at L5-S1, lumbar facet joint arthropathy, lumbar spine sprain/strain syndrome and obesity/weight gain secondary to medication intake and immobility. The provider noted that the injured worker had increased bilateral hip pain and increased fluid in the hip joints with bursitis. This was due to the low back pain and having to compensate when walking by putting extra strain on her hips. Hip pain had recently become worse. She was experiencing severe migraine headaches that were increasing in severity. Pain was not controlled with medication. The provider recommended Botox. She was seen by a podiatrist and diagnosed with plantar fasciitis. The treatment plan included Percocet for breakthrough pain, Flexeril, Ambien CR, Ativan, Prilosec, Phenergan, Ropinirole, Motrin, Glucosamine, Opana ER, Flector patches and Lidoderm patches. Currently under review is the request for Flexeril, Ambien, Lidoderm patch, Flector patch, Motrin, Phenergan and Ropinirole. Documentation submitted for review indicates that the injured worker had been utilizing Flexeril, Ambien, Phenergan, Ropinirole, Motrin and Flector patches dating back to 10/15/2014. Lidoderm patches were added to her medication regimen back on 03/18/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. The guidelines do not support long-term use of this medication, and the injured workers medical records that are available to me do not reveal documentation of objective findings of severe muscle spasms that would warrant deviating from the guidelines, the risks outweigh the benefits and therefore the request for Flexeril 5mg #120 is not medically necessary.

Ambien CR 12.5mg #30: 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), Treatment Index, 13th Edition (web), 2015, Pain Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Zolpidem (Ambien).

Decision rationale: The MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, 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, however given the risks there is no clear indication for the continued use of this medication in the injured worker, the risks outweigh the benefits and the continued use of ambien is not medically necessary.

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is approved for use in the form of a dermal patch. Gels, creams or lotions are not indicated for neuropathic pain and lidocaine is not recommended for non neuropathic pain. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and there does not appear to be any reason to deviate from the guidelines and therefore the request for Lidoderm Patch 5% #30 is not medically necessary.

Flector Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, it also not clear why she is being prescribed Lidoderm patches as well as flector patches and therefore the request for Flector Patch #30 is not medically necessary.

Motrin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. However a review of the injured workers medical records that are available to me did not reveal any documentation of improvement in pain and function with the use of Motrin and therefore medical necessity for continued use is not established.

Phenergan 25mg #90: 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), Treatment Index, 13th Edition (web), 2015, Pain Chapter, Antiemetics (for opioid nausea); www.drugs.com, Physicians' Desk Reference (PDR), 67th Edition, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Antiemetics (for opioid nausea).

Decision rationale: The MTUS / ACOEM did not specifically address the use of promethazine in the injured worker and therefore other guidelines were consulted. Per the ODG antiemetics like promethazine are not recommended for the use of nausea and vomiting due to chronic opioid use. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus). A review of the injured workers medical records did not reveal a clear clinical indication for the use of this medication and there is also no documentation of any benefits from the use of this medication therefore the continued use is not medically necessary.

Ropinirole 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com. Physicians' Desk Reference (PDR), 67th Edition, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference / Ropinirole.

Decision rationale: The MTUS /ACOEM and the ODG did not address the use of ropinirole therefore other guidelines were consulted. Per the PDR, Ropinirole is a non-ergoline dopamine agonist used in the treatment of Parkinson's disease and treatment of moderate to severe primary restless legs syndrome (RLS). A review of the injured workers medical records that are available to me did not reveal any diagnosis or clear indication for the use of this medication, there was also no documentation of any type of benefit and without this information it is not possible to determine medical necessity for continued use.