

Case Number:	CM14-0149363		
Date Assigned:	09/18/2014	Date of Injury:	08/15/2004
Decision Date:	10/23/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male who reported an injury on 08/15/2004. The mechanism of injury was not provided. The injured worker's diagnoses included foot pain - past tarsal tunnel release and complex regional pain syndrome of the left foot. The injured worker's past treatments included medication. The injured worker's diagnostic testing included urine drug tests. The injured worker's surgical history included a past tarsal tunnel release. On 07/09/2014, the injured worker reported pain relief and functional improvement with his medication regimen. He reported a greater ability to perform light household tasks such as sweeping with the use of Butrans, Norco, and tramadol. Upon physical examination, the injured worker was noted with tenderness in the L4-5 and L5-S1 levels and a moderate amount of tenderness in the left sciatic notch and bilateral sacroiliac joint. There was allodynia noted in the left foot and ankle. The injured worker's medications were noted to include Butrans 20 mcg patch, Norco 10/325 mg, Lyrica, Ambien, AndroGel, Dexilant, ibuprofen, Robaxin, and Ultram. The request was for Ambien 10 mg, Butrans 20 mcg, Robaxin 750 mg, and Dexilant DR 60 mg. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #30 with 3 refills: 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 (ODG) Pain, Insomnia Treatment

Decision rationale: The request for Ambien 10mg, #30 with 3 refills is not medically necessary. The Official Disability Guidelines note that zolpidem is indicated for the short term treatment of insomnia. Side effects were noted to include confusion, abnormal thinking, and bizarre behavior. Sleep driving and other activities for which the patient has no recollection may occur. The medication should be discontinued if the latter occurs. Abrupt discontinuation may lead to withdrawal. Adults who use zolpidem have greater than 3 fold increased risk for early death, according to the results of a large matched cohort survival analysis. They can be habit forming, and they impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The injured worker has been documented to be using the medication at least since 03/2014. The Guidelines state zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks). The documentation did not provide sufficient evidence of the efficacy of the medication. In the absence of documentation with sufficient evidence of the efficacy of the medication and due to the Guidelines not recommending for long term use, the request is not supported at this time. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.

Butrans 20mcg, #4 with 3 refills: 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.

Decision rationale: The request for Butrans 20mcg, #4 with 3 refills is not medically necessary. The California MTUS Guidelines indicate that topical analgesics 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. The injured worker did report the pain was well managed with Butrans 20 mcg patch, however, there was not a quantified pain evaluation or significant objective functional improvements documented. The pain evaluation should include quantified pain, the least reported pain over the period since the last assessment, intensity of pain after taking the medication, and how long pain relief lasts. The injured worker was documented to have been taking the medications since at least 03/2014 and an unannounced urine drug test was performed at that time. He was noted to have been consistent with prescribed medications. However, in the absence of documentation with quantified pain evaluation, significant objective functional deficits, and improved quality of life, the request is not supported. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.

Robaxin 750mg, #180 with 4 refills: 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 Page(s): 63-64.

Decision rationale: The request for Robaxin 750mg, #180 with 4 refills is not medically necessary. The California MTUS Guidelines may recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. It is noted in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Robaxin is an antispasmodic, with side effects noted to be drowsiness, dizziness, and lightheadedness. The injured worker was noted to have been taking the medication since at least 03/2014, but there was no documentation of the efficacy of this medication. In the absence of documentation with evidence of a complete and thorough pain assessment to include quantified pain, the least reported pain over the period since the last assessment, intensity of pain after taking the medication, and how long pain relief lasts, significant objective functional gains, and increase in mobility, the request is not supported at this time. The Guidelines only recommend this option as a short term treatment of acute exacerbations in patients with chronic low back pain. Additionally, as the request was written there was no frequency provided. Therefore, the request is not medically necessary.

Dexilant DR 60mg, #30 with 5 refills: 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Dexilant DR 60mg, #30 with 5 refills is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended for patients with intermediate risk for gastrointestinal events and no cardiovascular disease using NSAIDs. Prolonged term proton pump inhibitor use has been shown to increase the risk of hip fracture. The injured worker was not noted to have history or risk for gastrointestinal events or cardiovascular issue. Although the injured worker was noted to be taking ibuprofen, the documentation provided no evidence that the patient was at intermediate risk for gastrointestinal events to support the request. Additionally, as the request was written there was no frequency provided. Therefore, the request is not medically necessary.