

<b>Case Number:</b>	CM14-0123816		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. 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: 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 55 year old male with an industrial related accident on 06/01/2010. The mechanism of injury is documented as a lifting injury. His diagnosis was lumbar spine radiculopathy. Prior treatments included shock wave therapy, epidural steroid injections, cognitive behavioral therapy, pain management and medications. He presents on 07/15/2014 with "no change in pain". Physical exam is documented as unchanged. Treatment plan included to refill medications. He was also seen on 02/25/2014 with recommendations for Cymbalta and psychotherapy as the injured worker also noted depression and anxiety related to his injury. The treatment request is for retrospective Cymbalta, retrospective Flurbiprofen 20%, Tramadol 20% Mediderm cream base; retrospective Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10%, Mediderm cream base; retrospective Gabapentin 600 mg four times daily; retrospective Hydrocodone/Acetaminophen 10/325 mg three times daily and retrospective Zolpidem Tartrate 10 mg daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hydrocodone/acetaminophen 10/325mg t.i.d. (3 times a day): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Retrospective Hydrocodone/acetaminophen 10/325mg is not medically necessary.

**Retrospective Cymbalta:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14 and 105.

**Decision rationale:** Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document the diagnosis of depression secondary to chronic pain; the patient does have radicular pain. At present, based on the records provided, and the evidence-based guideline review, Cymbalta is not medically necessary.

**Retrospective Gabapentin 600mg qid (four times a day):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**Decision rationale:** The MTUS states that Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30 percent. There is no documentation of any functional improvement. Gabapentin 600mg is not medically necessary.

**Retrospective Zolpidem Tartrate 10mg qd (once a day):** 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), Pain Chapter.

**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 Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Zolpidem Tartrate 10mg is not medically necessary.

**Retrospective Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10%, Mediderm cream base:** Upheld

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Retrospective Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10%, Mediderm cream base is not medically necessary.

**Retrospective Flurbiprofen 20%, Tramadol 20%, Mediderm cream base:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Retrospective Flurbiprofen 20%, Tramadol 20%, Mediderm cream base is not medically necessary.