

Case Number:	CM13-0016156		
Date Assigned:	12/27/2013	Date of Injury:	06/10/2011
Decision Date:	04/18/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 Internal Medicine, Pulmonary Diseases 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 patient is a 50-year-old female who reported an injury on 06/10/2011. The mechanism of injury was noted to be the patient was participating in a throw rope exercise training, the rope hit her hand and broke her left finger. The patient's diagnosis at that time was displaced fracture of the proximal phalanx of the left 5th digit. The patient underwent an intrinsic release of the left 2nd, 3rd, 4th, and 5th digits with extensor tenolysis of the 5th digit and capsulectomy of the metacarpophalangeal joint on 08/21/2013. The patient had physical therapy. The patient's medication history was noted to include Tramadol, Vicodin, and Ambien. The physical examination on 07/15/2013 indicated the patient had an inability to flex her fingers fully. The patient's diagnoses from the date of the requested service were status post left 5th digit proximal phalanx surgical fixation with no residual angulations, but with intrinsic tightness of the 2nd, 3rd, and 4th digits and extensor tendon adhesions of the 5th digit, as well as left radial tunnel syndrome with concomitant lateral epicondylitis. The request was made for surgical intervention, Dendracin lotion 60 mL #1, and zolpidem tartrate 5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION: 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 SALICYLATES, TOPICAL ANALGESICS, PAGE 105, 111 AND DENDRACIN, ONLINE DRUG INSERT.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS indicates that Topical Salicylates are recommended and 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. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The clinical documentation submitted for review failed to indicate the patient had trialed and failed antidepressants and anticonvulsants. There was lack of documentation indicating the patient had neuropathic pain. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Dendracin lotion is not medically necessary

ZOLPIDEM: 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 OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, ZOLPIDEM.

Decision rationale: The Expert Reviewer's decision rationale: Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review indicated the patient had previously been on the medication. There was lack of documentation indicating the duration the patient had been on the medication. There was lack of documentation of objective functional benefit that was received from the medication and the patient had symptoms of insomnia. The request as submitted failed to indicate the quantity of medication being requested, as well as the strength. Given the above, the request for zolpidem is not medically necessary.