

Case Number:	CM13-0022982		
Date Assigned:	11/15/2013	Date of Injury:	03/29/2004
Decision Date:	01/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 55-year-old female who reported an injury on 03/29/2004; the mechanism of injury was not provided. The patient indicated that she fell on 07/19/2013. The patient was noted to have continued pain and discomfort and wanted a refill of medications. The patient's diagnoses were noted to include a lumbar strain with facet pain, right shoulder and left shoulder impingement syndrome and C4-7 disc bulging. The request was made for Hydrocodone/APAP, Zolpidem and retro med Xoten-C lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP: 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 Opioids Section; Ongoing Management Page(s): 91; 78.

Decision rationale: The California MTUS states that Hydrocodone/acetaminophen is indicated for moderate to moderately severe pain and that there should be documentation of the 4 A's for Ongoing Monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated that

the patient had pain and discomfort. However, it failed to provide documentation of the 4 A's. Additionally, the request failed to specify the strength of the medication, as well as the quantity of pills being requested. Given the above and the lack of documentation, the request for Hydrocodone/APAP is not medically necessary.

Zolpidem: 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 Chapter.

Decision rationale: The California MTUS/ACOEM does not address Zolpidem. The Official Disability Guidelines indicate that it is for the short-term treatment of insomnia, generally for 2 to 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the medication. Additionally, it failed to provide the quantity of pills that were being requested. Given the above and the lack of documentation of the efficacy, the request for Zolpidem is not medically necessary.

Retrospective medication; Xoten-C lotion: 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): 111-112. Decision based on Non-MTUS Citation www.drugs.com/otc/109253/xoten-c.html

Decision rationale: Neither the California MTUS and ACOEM nor the Official Disability Guidelines specifically address Xoten-C. Drugs.com indicated that it is a topical analgesic containing methyl salicylate, menthol and 0.02% capsaicin. The California MTUS states that topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: recommended only as an option in patients who have not responded or are intolerant to other treatments." The California MTUS Guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. The request for the retro med Xoten-C lotion is not medically necessary.