

<b>Case Number:</b>	CM13-0052600		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/01/1998
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 59-year-old female with a date of injury of 1998. The listed diagnoses per [REDACTED] are right lateral epicondylitis, status post surgical procedure at the right elbow, clinical presentation of right cubital tunnel syndrome and right radial tunnel syndrome, reflex sympathetic dystrophy, right upper and right lower, anterior compartment syndrome with common peroneal neuropathy and chronic pain with idiopathic insomnia. According to report dated 09/09/2013 by [REDACTED], the patient presents with right elbow and right upper extremity pain. The pain is described as sharp, stabbing with stiffness and weakness. The examination revealed reduced range of motion of the right elbow in all planes to 80% of normal with bulging at the lateral aspect of the right elbow. There is reduced sensation and strength 3/5 each. There is positive Tinel's sign at the lateral aspect of the right elbow and also at the lateral aspect of the right knee. The patient's current medication includes Norco 10/325 mg, Soma 250 mg, Ambien 10 mg, and LenzaGel and Medi-Patches. The provider recommends refill of all medications. The utilization review denied the request on 10/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF LENZA GEL:** 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.

**Decision rationale:** This patient presents with right elbow and right upper limb pain. The provider is requesting LenzaGel. Lenzagel is a compound topical cream that contains Lidocaine 4.00% and Menthol 1.00%. Per California MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Recommendation is for denial.

**PRESCRIPTION OF MEDI-PATCH:** 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.

**Decision rationale:** This patient presents with right elbow and right upper limb pain. The provider is requesting Medi-Patch #30. The California MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." California MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Medi-patches contain capsaicin 0.035%, lidocaine 0.5%, menthol 5% and methyl salicylate 20%. The California MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, California MTUS Guidelines considers doses that are higher than 0.025% to be experimental particularly at high doses. Medi-patches contain 0.035% of Capsaicin which is not supported by California MTUS. Therefore, the entire compound ointment is not recommended.

**PRESCRIPTION OF NORCO 10/325MG PRN #120 X 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 90-91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain and Opioids Page(s): 60-61, 80-89.

**Decision rationale:** This patient presents with right elbow and right upper limb pain. The provider is requesting a refill of Norco 10/325 #120. Page 78 of California MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient has been taking Norco since 01/22/2013 and review of reports from 03/19/2013 to 09/09/2013 provides no discussion on this medication. There is no pain assessment or numerical scale as required by California MTUS. None of the reports discuss

analgesia or functional changes with taking Norco. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in California MTUS Guidelines. Recommendation is for denial.

**PRESCRIPTION OF SOMA 250MG PRN #90 X 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 63.

**Decision rationale:** This patient presents with right elbow and right upper limb pain. The provider is requesting a refill of Soma 250 mg #90. The California MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The patient has been prescribed Soma since 01/22/2013. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.

**PRESCRIPTION OF AMBIEN 10MG QHS PRN #30 X 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia, Zolpidem.

**Decision rationale:** This patient presents with right elbow and right upper limb pain. The provider is requesting a refill of Ambien 10 mg #30. The California MTUS and ACOEM Guidelines do not address Ambien. However, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the medical records indicate the patient has been prescribed Ambien since 01/22/2013. ODG Guidelines does not recommend long-term use of this medication, and recommendation is for denial.