

Case Number:	CM13-0058419		
Date Assigned:	12/30/2013	Date of Injury:	10/05/2004
Decision Date:	04/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This employee states he was injured 10/5/2004 and now with chronic low back pain radiating to the legs, following fusion, and opiate dependence from escalating use. He also has cervical sprain/strain, bilateral shoulder sprain/strain, s/p tibial plateau fracture, reactionary depression and anxiety and other complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USAGE FOR DEDRACIN TOPICAL ANALGESIC CREAM #1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

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

Decision rationale: Dendracin's active ingredients are: Methyl Salicylate 30%; Capsaicin 0.0375%; Menthol USP 10%. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, the menthol is not approved for topical use, and per guidelines, if any portion of a compounded agent is not recommended, the whole compound is not

recommended. Therefore, the use of Dendracin is not approved due to not all components being recommended.

RETROSPECTIVE USAGE FOR HALCION 0.25MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

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: Triazolam (Halcion®) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). It is not indicated as a first-line agent, or for long-term use. It is used to reduce sleep latency. Other agent's short-term use is defined as 7-10 days. Dispensing 120 implies much longer term use, and is therefore not indicated nor approved. [Note that the original request appears to be for #45 - one month use and two weeks tapering, which is still longer than recommended.]