

Case Number:	CM13-0058856		
Date Assigned:	12/30/2013	Date of Injury:	05/07/2013
Decision Date:	04/30/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/27/2013

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 & Emergency 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 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 patient is a 25 year-old with a date of injury of 05/07/13. A progress report associated with the request for services, dated 10/08/13, identified subjective complaints of right greater than left forearm pain. There are no complaints related to sleep. Objective findings included tenderness over the cubital tunnels bilaterally and palpable trigger points over the brachioradialis muscles. No diagnoses are listed. Treatment has included splinting, anti-inflammatories, and activity modification. A Utilization Review determination was rendered on 10/21/13 recommending non-certification of "retrospective request 1 prescription of dendracin lotion 60ml #1 and retrospective request for 1 prescription of zolpidem tartrate 5mg, #30".

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST 1 PRESCRIPTION OF DENDRACIN LOTION 60ML #1:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

Decision rationale: Dendracin lotion has multiple ingredients that include methyl salicylate 30%, capsaicin 0.025%, and menthol USP 10%. The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they 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." Specifically, the Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. Capsaicin is an active component of chili peppers and acts as an irritant. The Guidelines for Chronic Pain state that capsaicin topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The Official Disability Guidelines (ODG) state that neither salicylates nor capsaicin has shown efficacy in the treatment of osteoarthritis. The Medical Treatment Utilization Schedule (MTUS) does not specifically address menthol as a topical analgesic. However, at-home applications of local heat or cold to the low back are Final Determination Letter for IMR Case Number [REDACTED] considered optional. The Official Disability Guidelines (ODG) state that Biofreeze (menthol) is recommended as an optional form of cryotherapy for acute pain. Studies on acute low back pain showed significant pain reduction after each week of treatment. There is no recommendation related to the use of menthol for chronic pain. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy or recommendation for all the ingredients of the compound for chronic therapy. Therefore, the record does not document the medical necessity of the compounded formulation, Dendracin. As such, the request for Dendracin lotion 60ml #1 provided on 10/08/2013 is not met.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ZOLPIDEM TARTRATE 5MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN (ACUTE & CHRONIC), INSOMNIA TREATMENT.

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; and Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: Zolpidem is a non-benzodiazepine Gamma-Aminobutyric Acid (GABA) agonist, used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address Zolpidem. The Official Disability Guidelines (ODG) states that treatment of insomnia should be through correction of underlying deficits. They further note that Zolpidem is indicated for short-term treatment of insomnia. Zolpidem has multiple side effects and adults who use Zolpidem have a greater than 3-fold increased risk for early death (Kripke, 2012). In this case, Ambien has been used beyond the short-term. Likewise, there is no diagnosis of a sleep disorder listed. Therefore, the request of Zolpidem Tartrate 5mg #30 provided on 10/08/2013 is not medically necessary and appropriate.