

<b>Case Number:</b>	CM13-0064714		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 31-year-old male who has a work injury dated 5/9/13. The diagnoses include lumbar musculoligamentous injury, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left shoulder impingement syndrome, left shoulder myoligamentous injury, left DeQuervain's disease, left wrist sprain and strain, left hip pain, loss of sleep with sleep disturbance, anxiety, depression, and nervousness. There is a request for Zolpidem 10mg (C) #30; Capsaicin 0.015%, Flurbiprofen 30%, Methyl Salicylate 4%, Lipoderm base 30gm jar; and Flurbiprofen 30%, Tramadol 20% Lipoderm base 30gm jar. An 11/19/13 office visit with the treating provider states that the patient complains of low back pain with stiffness and numbness radiating to left leg. He complains of left shoulder pain and stiffness. He has occasional minimal dull left wrist pain and cramping radiating to the thumb, associated with popping. The patient complains of moderate throbbing left hip pain, stiffness and numbness radiating to left leg with weakness. There is a complaint of loss of sleep, due to the pain. The patient states that he has difficulty sleeping at night. The patient suffers from depression and anxiety. On physical examination there is +3 tenderness to palpation of the L3-S1 spinous processes and lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. The sitting straight leg raise is positive. There is +3 tenderness to palpation of the left lateral shoulder and posterior shoulder. There is +3 tenderness to palpation of the left thenar. There is muscle spasm of the thenar. There is +3 tenderness to palpation of the lateral hip and posterior hip. There are psychological complaints. The patient states that he has minimal depression; he feels up and down and feels better around people.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 10MG (C) #30: 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), PAIN CHAPTER (UPDATED 06/07/13), 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 (CHRONIC) INSOMNIA TREATMENT; ZOLPIDEM.

**Decision rationale:** The MTUS guidelines do not address Zolpidem or insomnia. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The documentation indicates that the patient has used Zolpidem in the past, dating back to 5/9/13, with no evidence of effectiveness documented for insomnia. The documentation does not indicate the discussion of sleep hygiene or evaluation of sleep disturbance. The Official Disability Guidelines states that the pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The request for Zolpidem is not medically necessary.

**CAPSAICIN 0.025 PERCENT, FLURBIPROFEN 30 PERCENT, METHYL SACLICYLATE 4 PERCENT, LIPODERM BASE 30GM JAR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER (UPDATED 11/14/13), COMPOUND DRUGS.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs). Flurbiprofen is an NSAID, used for the treatment of osteoarthritis of the spine, hip, or shoulder. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. The documentation does not reveal that the patient is intolerant to other treatments or intolerant to oral medications. Given the MTUS guidelines, which do not recommend Capsaicin or Flurbiprofen in this case and the fact that there is no documentation of any intolerance to oral medication or other treatments, the request for Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4% Lipoderm base 30gm jar is not medically necessary.

**FLURBIPROFEN 30 PERCENT, TRAMADOL 20 PERCENT, LIPODERM BASE 30GM JAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER (UPDATED 11/14/13), COMPOUND DRUGS.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs). Flurbiprofen is an NSAID, used for the treatment of osteoarthritis of the spine, hip, or shoulder. The MTUS guidelines do not recommend Tramadol in a topical form. Additionally, the documentation does show any evidence of intolerance to oral medications. Given that the MTUS guidelines do not recommend Flurbiprofen or topical Tramadol, and the fact that there is no documentation of any intolerance to oral medication or other treatments, the request for Flurbiprofen 30%, Tramadol 20% Lipoderm base 30gm jar is not medically necessary.