

Case Number:	CM13-0071976		
Date Assigned:	04/04/2014	Date of Injury:	08/03/2009
Decision Date:	05/12/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 46 year old female with a date of injury on 8/3/2009. Patient has been treated for chronic cervicgia, bilateral shoudler arthralgia, neuropathic pain, and myofascial strain. Patient is status post left shoulder arthroscopy, and carpal tunnel release on 3/4/2013. Subjective complaints are of flare of left shoulder pain, and continued right shoulder and neck pain. Physical exam shows diminished sensation in right C6-7 dermatome, restricted cervical range of motion, and tenderness in the left thoracic and shoulder region. Medications include Norco 10/325mg 3-4 times daily, Ambien 10mg at bedtime and Flector patches, and Xoten-C lotion. Submitted documentation does not identify any prior evaluation for insomnia. Documentation also does not indicate prior failure of oral NSAID therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: ODG web 2012 "Pain" 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

Decision rationale: ODG suggests that Zolpidem (Ambien) is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. For this patient, Zolpidem has been used on a chronic basis, without documentation of efficacy. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

FLETCHER PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , TOPICAL ANALGESICS,

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

Decision rationale: CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. CA MTUS does indicate that they are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints amenable to topical treatment. For this patient the submitted records do not indicate for what anatomical area the patches are to be applied. Also, it is not clear from the record that patient has failed oral NSAIDS therapy. Therefore, the medical necessity of Flector patches is not established.