

Case Number:	CM14-0000415		
Date Assigned:	01/17/2014	Date of Injury:	05/22/2007
Decision Date:	12/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 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:

The patient is 59-year-old with a reported date of injury of 05/22/2007. The patient has the diagnoses of cervical strain, lumbar sprain/strain, status post arthroscopic surgery with partial meniscectomy times 2 of the right knee, medial meniscal tear of the left knee, sleep disorder, L5-S1 disc bulge, lumbar spondylosis, status post right total knee arthroplasty, degenerative joint disease of the bilateral knees and osteopenia. Per the most recent progress notes provided for review from the primary treating physician dated 11/21/2013, the patient had complaints of severe left knee pain and lumbar pain. The physical exam noted limited lumbar range of motion, positive bilateral Kemp's test and straight leg test. There was decreased sensation in the S1 dermatome bilaterally. There was decreased range of motion in the bilateral knees. Treatment plan recommendations included left knee surgery and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTORIL (TEMAZEPAM 15MG) #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In addition the California MTUS states the following concerning benzodiazepines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is also no evidence or documentation of failure of first line treatment recommendations for insomnia. Therefore the request is not medically necessary.

BIO THERM (MENTHYL SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.02%) 4 OZ X 2: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, Opioids, Capsaicin, Local Anesthetics, Antidepressants, Glutamate Receptor Antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains components which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.