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| Case Number: | CM14-0001595 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 08/22/2003 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/06/2014 |

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 Occupational Medicine and is licensed to practice in California. 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 injured worker is a female with date of injury 8/22/2003. Per primary treating physician's progress report, the injured worker complains of pain affecting the cervical spine. She has had increased stiffness over the last several days. She needs a refill of Ambien and Bio-Therm topical cream. The Ambien works well to help with the episodes of insomnia due to the pain affecting the cervical spine. She reports improvement in her pain levels from 6/10 to 3/10 after taking her medications. On exam she has tenderness to palpation over the bilateral upper trapezius muscles in addition to the bilateral cervical spine and paraspinal muscles. She has full active range of motion with flexion and extension. The bilateral rotation was limited to the left and full active range of motion to the right. There were gross motor deficits or sensory deficits of C2 through C7. Diagnosis is cervical radiculopathy and a decrease in neuropathy and radicular symptoms distally in the arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN (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 Official Disability Guidelines (ODG), Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Zolpidem (Ambien).

Decision rationale: The primary treating physician reports that the injured worker does complain of continued sleep difficulty secondary to her chronic cervical spine pain. As a result, the patient describes significant difficulty to fall and stay asleep. The requesting provider opines that proper sleep hygiene will facilitate and maintain functional improvement in a chronic pain condition. The guidelines do not support the chronic use of Ambien. This medication is recommended only for short-term use, usually two to six weeks, for the treatment of insomnia. The requesting provider states that sleep hygiene is important to help manage pain, however, there is no indication that sleep hygiene is addressed beyond the use of Ambien. The request is not medically necessary.

**BIO-THERM (MENTHY SALICYLATE 20% MENTHOL 10% CAPSAICIN 0.002%)
4OZ X 2:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Section, Salicylate Topicals Section, Topical Analgesics Section Page(s): 28,1.

Decision rationale: The requesting physician reports that Bio-therm is prescribed to control the injured worker's symptoms and aid in restoring function in order to adequately perform activities of daily living. Bio-therm cream was initially prescribed because the injured worker continues to have neuropathic pain of the neck. She has been intolerant to other treatment and remains symptomatic. Bio-Therm Cream is a topical analgesic that contains the active ingredients: Methyl Salicylate 20%, Menthol 10%, Capsaicin 0.002%. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The requesting provider reports that the injured worker did not tolerate other treatments and remains symptomatic, however the other treatments are not described to assist in the determination of medical necessity. Therefore, the request cannot be determined as medically necessary.