

Case Number:	CM14-0002862		
Date Assigned:	01/29/2014	Date of Injury:	08/15/2012
Decision Date:	07/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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:

This is a 43-year-old male with a 8/15/12 date of injury. He was working on an electrical pallet jack and lost control of it; the machine pinned his left foot underneath it. On 9/23/13, he had continued pain to his left foot. He is documented to have daytime drowsiness associated with Trazodone and is started on Zolpidem. The patient has an antalgic gait favoring the left side, with tenderness to the metatarsals of the left foot. The diagnostic impression is of metatarsal fracture, metatarsalgia, and foot pain. Treatment to date has been physical therapy, medication management, immobilization, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TUBE OF FLURBIPROFEN CREAM 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and gabapentin and other anti-epilepsy drugs are not recommended for

topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the guidelines do not support the use of Flurbiprofen cream. It is unclear that the patient has failed oral NSAIDs. As such, the request is not medically necessary.

60 TABLETS OF DEPAKOTE 500MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA guidelines.

Decision rationale: The FDA states that Depakote (divalproex sodium) is a valproate and is indicated for the treatment of the manic episodes associated with bipolar disorder, complex partial seizures, and migraine headache prophylaxis. However, it is unclear why this patient is being prescribed Depakote. The rationale behind this medication was not clearly documented. The patient is not noted to have psychiatric disease or migraine headaches.

30 CAPSULES OF ZOLPIDEM 5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and the FDA guidelines.

Decision rationale: The Official Disability Guidelines and the FDA state that Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, guidelines only support the short-time use of sedative-hypnotics such as Ambien. The duration of time of the Zolpidem being requested is not indicated. On the 9/23/13 note, it was documented that this was a new prescription of Zolpidem, but it is unclear which date the review is addressing regarding Zolpidem. This review was completed on 12/31/13, which was over three months after the 9/23/13 progress note. There were no further new progress notes provided for review. Guidelines state that hypnotics should be limited to 7-10 days of use, and re-evaluation of the patient is recommended if they are to be taken for more than 2-3 weeks. This request is for 30 tablets, which is over a 7-10 day supply. As such, the request is not medically necessary.