

Case Number:	CM14-0006033		
Date Assigned:	03/03/2014	Date of Injury:	04/01/1998
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 62-year-old individual with a date of injury of April 1, 1998. A mechanism of injury is not disclosed. Progress note from August 2013 is provided for review in support of the above noted requests indicating the injured continues to have bilateral shoulder symptoms, and difficulty with activities of daily living such as brushing his teeth and washing dishes. An increase in pain with overhead lifting is noted as well as an increase in headaches. Physical examination of the left shoulder reveals spasms on palpation of the surrounding muscles. Range of motion is limited. A positive impingement sign and weaknesses noted. Examination of the right shoulder reveals that abduction is approximately 90°, forward flexion is approximately 90°. The acromioclavicular (AC) joint is tender and bicipital groove. Tenderness with crepitus is noted. The diagnoses include: status post right shoulder surgery; left shoulder pain status post arthroscopy and massive rotator cuff repair on December 10, 2007; and left shoulder impingement with biceps tear. The treatment recommendation was for topical compounded cream which was administered in office. Zolpidem was also prescribed for sleep, as needed, and Sumatriptan and was prescribed to be taken at the onset the headache. Additionally, two topical compounded creams , Amitramadol-DM Ultra cream 4/20/10% and Gabaketolido 6/20/6.15% cream, was also provided. A previous review for this request resulted in a recommendation for non-certification on January 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) appendix A-ODG Worker's Compensation Drug Formulary (updated 05/31/14) - zolpidem

Decision rationale: It appears, from the progress notes from June 2013, August 2013, and October 2013, and December 2013, this medication is being used on a chronic basis, and not for short-term use. California treatment guidelines support the use of this medication (a non-benzodiazepine hypnotic) for the short-term use (2-6 weeks) for the treatment of insomnia associated with chronic pain. When noting the recommendation only for the short-term use of this medication due to the risk of tolerance, dependence, adverse effects (such as daytime drowsiness, and media, impaired cognition, and impaired psychomotor function) the use of this medication on a chronic basis is not supported by the guidelines.

SUMATRIPTAN 50MG #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., Not including stress and mental disorders) (updated 06/09/14): Imitrex (sumatriptan)

Decision rationale: Sumatriptan belongs to the triptan class of medications used to treat migraine headaches. The activity is based on an agonist effect on the serotonin 5 HT receptors causing a vasoconstriction, inhibiting the release of inflammatory mediators. The record provides no documentation that the claimant carries a diagnosis of migraine headache. An appeal letter from October 2013 indicates that medications from this class are recommended to abort a migraine headache, and this is not disputed. However, the medical treatment guidelines that are used to support decisions made in this review are based on evidence based trials. The evidence-based guideline recommendations for the use of this medication is for migraine headache. There's no clinical indication for the use of this medication for other types of headaches. The citation noted in the appeal only references that this medication is used to abort a migraine headache. It provides no evidence of evidence-based support for the use of this medication for non-migraine headache. In the absence of documentation of evidence-based support for the use of this medication for diagnosis, other than migraine headache, the medical necessity of the use of this medication is not supported. Therefore, this request is recommended for non-certification.

AMITRAMADOL DM CREAM 4/20/ 10%180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Amitramadol-DM Ultra cream - compound drugs, as noted in the guidelines, are not recommended as first-line therapy. However, some of these medications can be an option after a trial of various classes of medications. The two active ingredients noted in this topical compounded formula, are not referenced as a recommended topical agent based on evidence based trials in CAMTUS, ODG, or any of the ACOEM guidelines. The criterion for using such medication is dependent on the individual preparations being employed; the efficacy and utility for these medications. The record does not indicate the claimant has failed treatment with other more efficacious, well studied, and recommended oral preparations. Additionally, when noting that this medication contains dextromethorphan, and anti-tussive (cough suppressant), that has no supported indication, topically or orally, for the diagnoses noted, and that the guidelines note that the use of topical preparations that contain at least one drug that is not recommended makes the overall utilization of the product not recommended, then this compounded preparation would not be indicated for these diagnoses. Therefore, this request is not certified.

GABAKETOLIDO CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Gabaketolido 240gm Cream- California Medical Treatment Utilization Schedule (CAMTUS) Chronic Pain guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory medications (NSAIDs) for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of Lidocaine for the diagnosis provided in this formulation. And finally, gabapentin is specifically "not recommended" by the CA MTUS guidelines. When noting that none of the medications compounded in this topical formula are recommended, the use of this medication would not fall within guideline parameters for recommendation. Therefore, this request is not certified.