

Case Number:	CM14-0100805		
Date Assigned:	07/30/2014	Date of Injury:	05/12/2010
Decision Date:	09/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 41-year-old female who reported an injury on 05/12/2010. The mechanism of injury was noted to be a fall. The injured worker's diagnoses were noted to be cervical spine discopathy; right shoulder impingement syndrome with rotator cuff tear; lumbosacral strain/arthrosis; right carpal tunnel syndrome, and abdominal complaints. Her prior treatments were noted to be cortisone injections. She was noted to have an MRI. The injured worker's subjective complaints were noted to be intermittent neck and low back pain that fluctuated with intensity yet not radiating to bilateral upper extremities or bilateral lower extremities. She complained of intermittent right hand and wrist pain. The objective physical exam revealed negative Spurling's test bilaterally. Physical examination of the right hand and wrist revealed positive Tinel's sign, negative Phalen's sign; examination revealed adequate strength with intrinsic and thenar. Examination of the lumbar spine revealed tenderness from L4-S1 region with mild tenderness in the bilateral paraspinal muscle region. Examination revealed negative straight leg raise bilaterally in sitting position with 5/5 quadricep strength bilaterally. Her medications were noted to be ibuprofen topical cream, Motrin, tizanidine, zolpidem, and Zanaflex. The treatment plan was to continue home exercise and medication refills. The provider's rationale was provided within the documentation. A Request for Authorization Form was provided and dated 11/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg QTY: 60.00: 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) - Treatment in Workers'/Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 02/14/2012: Zolpidem (Ambien)).

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

Decision rationale: The request for Ambien 10 mg quantity 60 is non-certified. The Official Disability Guidelines state Ambien is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines suggest a treatment period of 2 to 6 weeks. The provider's request refill quantity alone is in excess of the guidelines treatment period recommendations. In addition, the request fails to provide a dosage frequency. As such, the request for Ambien 10 mg quantity 60 is non-certified.

Zanaflex 2mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The request for Zanaflex 2 mg quantity 180 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Zanaflex as a centrally acting alpha 2-adenergic agonist that is FDA approved for management of spasticity; with an unlabeled use for low back pain. The documentation provided for review does not indicate Zanaflex is effective for the treatment of low back pain or spasms. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Zanaflex 2 mg quantity 180 is non-certified.

Ultracin Cream 100mg QTY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Ultracin cream 100mg QTY: 1 is non-certified. Ultracin cream contains methyl salicylate 28%, menthol 10%, and capsaicin 0.025%. This is a topical analgesic. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics after failed trials of antidepressants and anticonvulsants. These topicals are

largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The topical medication contains capsaicin. Capsaicin is primarily studied for postherpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. The injured worker does not have significant documentation to support neuralgia, neuropathy, or post mastectomy pain. In addition, there is not a documented failed trial of antidepressants or anticonvulsants. The provider's request fails to indicate a dosage frequency, application site, and quantity. As such, the request for Ultracin cream 100 mg is non-certified.