

<b>Case Number:</b>	CM14-0014397		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Physical Medicine and Rehabilitation 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 67-year-old male who reported an injury on 05/04/2009. The mechanism of injury was not provided. The clinical note dated 01/07/2014 noted the injured worker presented with upper extremity pain, bilateral wrist and hand pain including numbness, right shoulder pain, bilateral elbow pain and difficulty sleeping due to pain. Upon exam there was noted tenderness on the volar wrist and fingers, positive bilateral Tinel's, a positive Phalen's to the right and a positive Finkelstein's bilaterally. The right shoulder exam revealed slight tenderness of the acromioclavicular region, superior and anterior shoulder region, a painful arc from 70 degrees of abduction to 120 degrees, a positive impingement sign, active range of motion values to the right shoulder as 130 degrees of adduction, 140 degrees of flexion and 30 degrees of extension. Palpation to the elbow revealed tenderness of the lateral and medial aspect that was worse on the right than the left. The diagnoses were bilateral carpal tunnel syndrome with bilateral wrist and hand tendonitis, bilateral medial and lateral tendonitis with bilateral cubital tunnel syndrome, right shoulder strain with impingement, tenosynovitis of the flexor tendon; right third finger was locking and insomnia due to pain. The treatment included continued use of Diclofenac, Norco, Prilosec, authorization of Ambien, authorization of Exoten lotion, continued use of the carpal tunnel brace, instructions to apply ice to the affected areas as needed and continued home exercising and stretching as tolerated. The Request for Authorization was not included in the documents submitted for review. The provider recommended a new prescription for Ambien for his sleep difficulty due to chronic pain and Exoten lotion to be applied to the affected areas to decrease pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10 MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

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

**Decision rationale:** The request for Ambien 10 mg #30 is not medically necessary. Zolpidem is in the same drug class as Ambien. The Official Disability Guidelines state that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short term use, usually 2 to 6 weeks, treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in eye pain, pain specialists, if ever, recommend them for long term use. It can be habit forming and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. Cognitive behavioral therapy should be an important part of the insomnia treatment plan. The clinical notes state the injured worker is having insomnia due to pain. The documentation does not state whether the injured worker is having difficulty in sleep initiation, maintenance or early awakening. It is also not noted whether the injured worker is having any impairment in daily function due to sleep insufficiency. Sleep impairment would include fatigue, irritability, decreased memory, decreased concentration and malaise. There was a lack of significant objective examination findings to support the possible pathology that would warrant Ambien. The frequency of the medication was not provided in the request submitted. As such, the request is not medically necessary.

**EXOTEN LOTION, 120 ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

**Decision rationale:** The request for Exoten lotion 120 ML is not medically necessary. Exoten lotion contains Methyl Salicylate, Menthol and Capsaicin. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti convulsants have failed. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. The included documentation lacked evidence of a failure of treatment with antidepressants and anticonvulsants. Capsaicin is recommended only

as an option in injured workers who have not responded or are intolerant to other treatments, there was no documentation to support that the injured worker was intolerant to or not responding to other treatment. The frequency of the lotion and the site at which the lotion was to be applied were not indicated within the request. As such, the request is not medically necessary.