

Case Number:	CM14-0018980		
Date Assigned:	04/23/2014	Date of Injury:	02/04/2008
Decision Date:	08/19/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 Texas. 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 53-year-old female who sustained an injury on 02/04/08 when she slipped and fell. The claimant was seen for ongoing complaints of chronic low back pain and neck pain radiating to the upper extremities and lower extremities. The injured worker was followed by [REDACTED] for pain management. Medications included topical analgesic containing capsaicin, Restone, Senokot, Zolpidem, Cartivisc, Tizanidine, and Voltaren gel. The injured worker was being prescribed narcotic medications; however, these were not specifically discussed in the pain management records. With medications the claimant reported improvement to 7/10 on Visual Analogue Scale (VAS) from 10/10. The clinical record from 10/18/13 noted pending the injured worker was pending further epidural steroid injections for the lumbar spine. On physical examination, there was tenderness to palpation in the lumbar spine with limited range of motion secondary to pain. Follow up on 11/22/13 noted no change in symptoms. Pain scores remained stable. Physical examination findings noted no significant changes. The injured worker reported 50% 50-80% improvement with recent epidural steroid injections on 11/12/13. Follow up on 12/27/13 again noted pain 7/10 on VAS in the neck and low back radiating to the upper extremities and lower extremities. Without medications the pain was uncontrolled 10/10 on VAS. Physical examination noted antalgic gait. There was tenderness to palpation in the cervical spine and lumbar spine. No neurological deficit was identified. There was tenderness in the lumbar spine. Recommendations were for cervical epidural steroid injections. Medications were continued at this visit. The requested Exoten-C lotion 120 ml, Restone 3/110 mg #30, Zolpidem 10 mg #30, Cartivisc 500/200/120mg #60, Tizanidine 4 mg #60, and Voltaren 1% gel #100 were denied by utilization review on 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOTEN-C LOTION 120ML #240: 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 Analgesics Page(s): 111-113.

Decision rationale: Exoten-C lotion contains capsaicin. Per MTUS guidelines topical analgesics containing capsaicin are largely considered experimental/investigational in the treatment of neuropathic pain. They can be considered an option in the treatment of neuropathic pain that has failed all reasonable conservative options. This includes the use of antidepressants and anticonvulsants for neuropathic pain. The injured worker has failed a reasonable trial of antidepressants or anticonvulsants for the persistent neurological symptoms and as the physical examination findings did not identify any clear objective evidence regarding cervical radiculopathy that would support the use of topical analgesic such as Exoten-C, therefore, the request for Exoten-C lotion 120 ml #240 is not medically necessary and appropriate.

RESTONE 3-110MG #30: Upheld

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

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

Decision rationale: Restone is a medical food typically used in the treatment of depression. The use of medical foods for specific treatment of psychological conditions is not well supported in the clinical literature. There are no specific nutritional deficits noted in the clinical record that would support the use of this medication. As such, the request for Restone 3-110 mg #30 is not medically necessary and appropriate.

ZOLPIDEM 10MG #30: Upheld

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

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

Decision rationale: The use of Zolpidem to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has

recommended that dosing of Zolpidem be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Zolpidem has been effective in improving the claimant's overall functional condition. As such, the request for Zolpidem 10 mg #30 is not medically necessary and appropriate.

CARTIVISC 500-200-120MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: Cartivisc is a formulation of chondroitin and glucosamine. This nutritional supplement is recommended in the treatment of symptomatic osteoarthritis particularly in the knee. The clinical documentation submitted for review did not identify any clear evidence of symptomatic osteoarthritic conditions that would reasonably support the use of this medication. Therefore, the request for Cartivisc 500-200-120mg #60 is not medically necessary and appropriate.

TIZANIDINE 4MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request for Tizanidine 4 mg #60 is not medically necessary and appropriate.

VOLTAREN 1% GEL #100: 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 Analgesics Page(s): 111-113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines topical analgesics containing capsaicin are largely considered experimental/investigational in the treatment of neuropathic pain. They can be considered option in the treatment of neuropathic

pain that has failed all reasonable conservative options. This includes the use of antidepressants and anticonvulsants for neuropathic pain. The injured worker has failed a reasonable trial of antidepressants or anticonvulsants for the persistent neurological symptoms and as the physical examination; findings did not identify any clear objective evidence regarding cervical radiculopathy that would support the use of topical analgesic such as Voltaren gel; therefore, the request for Voltaren 1% gel #100 is not medically necessary and appropriate.