

Case Number:	CM14-0116532		
Date Assigned:	08/04/2014	Date of Injury:	12/13/2010
Decision Date:	09/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/24/2014

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 54-year-old female who reported an injury of unknown mechanism on 12/13/2010. On 03/25/2014, her diagnoses included cervical sprain, postsurgical status not elsewhere classified, disorders of the coccyx, and enthesopathy of the hip. She had an unidentified back surgery on 03/14/2014 and her complaints included significant pain and inability to sleep. She was unable to take medications for pain other than Tylenol. There was a healed scar on the anterior neck and the paravertebral muscles were tender to palpation with spasm. She had decreased range of motion, flexion, and abduction, and an impingement sign was positive on the right shoulder. On the lumbar spine, there was a linear scar consistent with recent surgery and tenderness to the paravertebral muscles. The treatment plan included Medrox pain relief ointment with no rationale, and Zolpidem due to her lack of sleep. A Request for Authorization dated 07/01/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Ointment, refill x 2: 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: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including local anesthetics and capsaicin. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Medroxo consist of methyl salicylate 20%, menthol 7%, and capsaicin 0.050%. Methyl salicylate has not been evaluated by the FDA for topical use. Capsaicin is generally available as a 0.025% formulation. A 0.050% formulation has not been studied and there is no current indication that this increase over the 0.025% would provide any further efficacy. Additionally, there was no quantity specified in the request and no frequency of application. Furthermore, the body part or parts to which this ointment was to have been applied were not identified. Therefore, this request is not medically necessary.

Zolpidem Tartrate tablets 10 mg QTY: 30: 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 Index, 18th Edition (web), 2013, Treatment in Workers Compensation, Pain-Insomnia Treatment.

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

Decision rationale: The request for zolpidem tartrate tablets 10 mg quantity 30 is non-certified. Per the Official Disability Guidelines, zolpidem is a short acting nonbenzodiazepine hypnotic which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills and so called minor tranquilizers are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The recommendations further state that the dose of zolpidem for women should be lowered from 10 mg to 5 mg. Additionally, zolpidem has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. The requested 10 mg dosage exceeds the guideline recommendations of 5 mg. Additionally, there was no frequency of administration included in this request. Therefore, the request is not medically necessary.