

Case Number:	CM14-0122180		
Date Assigned:	08/06/2014	Date of Injury:	08/27/2008
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational Medicine, 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:

Patient is a 28 year-old male with date of injury 08/27/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/13/2014, lists subjective complaints as pain in the right wrist. Objective findings: Examination of the right wrist revealed tenderness to palpation in wrist and hands, numbness and tingling on radial aspect of wrist and decreased grip strength of 3/5. Diagnoses are as follows: compression injury right wrist, status post arthroscopic and open ligament repair. The medical records provided for review document that the patient has been prescribed the Flector Patch and Ambien for at least as far back as three months. It appears the patient had not been prescribed Staton Cream before the request for authorization on 05/13/2014. Medications requested are Flector Patch 1.3%, #30, Ambien 5mg, #30, and Staton Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%, quantity 30; 1 patch daily for pain control.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Flector patch (diclonfenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The patient has been using Flector patches for at least 3 months, which is longer than the recommended 4-12 weeks suggested in the MTUS. Therefore, the request for continued Flector patch 1.3% #30 is not medically necessary and appropriate.

Ambien 5 mg quantity 30: 1 tablet each evening prior to sleep as needed (qhs prn) insomnia due to pain.: 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, 11th Edition (web), 2013, Pain Chapter, 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 (Chronic), Zolpidem (Ambien®).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills are minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely 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 patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Therefore, the request for Ambien is not medically necessary.

Staton cream (Sample give) may have prescription if effective for pain control.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: In regard to Staton cream, the MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Therefore, the request for Staton cream is not medically necessary.