

Case Number:	CM14-0159941		
Date Assigned:	10/03/2014	Date of Injury:	01/15/1998
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This 55 year old patient had a date of injury on 1/15/1998. The mechanism of injury was repetitive work duties. In a progress noted dated 6/19/2014, the patient complains of pain in neck, back, upper extremities, and right foot. She also has pain in her right foot with walking and right elbow. On a physical exam dated 6/19/2014, there is tenderness in the posterior cervical and bilateral trapezial musculature, and tenderness in the lower lumbar paravertebral musculature. The diagnostic impression shows fibromyalgia syndrome, psychological diagnosis, left ulnar neuritis, chronic right lateral epicondylitis, and right plantar fasciitis. Treatment to date: medication therapy, behavioral modification, and surgery. A UR decision dated 8/29/2014 denied the request for 1)SRGIO Silicon base, Tamoxifen citrate 01, Tanalast 3%, caffeine citrated .1%, lipic acid .5%, Fluticasone 1% ap bid-tid, stating that it is unclear why patient is being prescribed Tamoxifen, a breast cancer treatment. Furthermore, Fluticasone lotion is indicated for inflammatory and pruritic manifestations off atopic dermatitis in patients 1 year or older. Ultram 50mg 1bid #60x2 was denied, stating that there was no evidence of functional improvement or UDS performed to monitor for compliance. 3)Ambien 10mg 1hsprn #30x2 was denied, stating long term use is not supported, and there was no evidence of behavioral interventions such as sleep hygiene techniques. 4)LF 520 Lidocaine 5%/flurbiprofen 20% ap bid to tid #120x2 was denied, stating NSAIDS as well as lidocaine are not supported in topical form.

IMR ISSUES, DECISIONS AND RATIONALES

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

SRG10 Silicon base, Tamoxifen citrate 01, Tanilast 3%, caffeine citrated 0.1%, Lipic acid 0.5%, Fluticasone 1% ap bid-tid 120grams with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=063fa789-4570-4715-c3bd-1bad0449fb26>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% f.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In a progress note dated 6/19/2014, there was no rationale provided regarding the intended use of this topical medication, as well as how the condition that it is intended to treat pertains to the work related injury. Therefore, the request for SRG10 Silicon base, Tamoxifen citrate 01, Tanilast 3%, caffeine citrated 0.1%, Lipic acid 0.5%, Fluticasone 1% ap bid-tid 120grams with 2 refills was not medically necessary.

Ultram 50mg one tab bid #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing opioid treatment Page(s): Pg 78-81, 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. However, in a progress note dated 6/19/2014, there was no evidence of objective functional improvement noted from the opioid regimen. Furthermore, there were no urine drug screens provided for review. Therefore, the request for Ultram 50mg 1bid #60x2 was not medically necessary.

Ambien 10mg one hs prn #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain Chapter, Insomnia Treatment

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

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in a progress note dated 6/19/2014, there was no discussion regarding failure of over the counter medications for sleep. Furthermore, guidelines do not support long term use, and this patient is noted to be on Ambien since at least 3/11/2014. Therefore, the request for Ambien 10mg 1hs #30x2 was not medically necessary.

LF520 Lidocaine 5%, Flurbiprofen 20% ap bid to tid 120 grams with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.02.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In a progress note dated 6/19/2014, there was no discussion regarding failure of first line oral analgesics. Furthermore, lidocaine is not recommended in cream, gel, or lotion form. Therefore, the request for LF520 Lidocaine 5%, Flurbiprofen 20% ap bid to tid 120 grams with 2 refills was not medically necessary.