

Case Number:	CM14-0174317		
Date Assigned:	10/27/2014	Date of Injury:	10/31/2012
Decision Date:	12/11/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 57-year-old male with a 10/31/12 date of injury. At the time (9/29/14) of the Decision for Dendracin lotion 2 refills, Zolpidem Tart ER 12.5mg TA #30 2 refill, and Wellbutrin 100mg #30 2 refills, there is documentation of subjective (none specified) and objective (none specified) findings, current diagnoses (left shoulder impingement syndrome with subacromial bursitis and rotator cuff tendinitis, right hand Dupuytren's contracture, and left elbow sprain/strain), and treatment to date (medications including ongoing use of opioids and topical medications). Regarding Zolpidem Tart ER 12.5mg TA #30 2 refill, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks). Regarding Wellbutrin 100mg #30 2 refills, there is no documentation of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 2 refills: 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: Dendracin (Capsaicin/Menthol/Methyl Salicylate/ Benzocaine) is a topical analgesic used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome with subacromial bursitis and rotator cuff tendinitis, right hand Dupuytren's contracture, and left elbow sprain/strain. However, Dendracin contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Dendracin lotion 2 refills is not medically necessary.

Zolpidem Tart ER 12.5mt TA #30 2 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC and Mosby's Drug Consult

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

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome with subacromial bursitis and rotator cuff tendinitis, right hand Dupuytren's contracture, and left elbow sprain/strain. However, there is no documentation of insomnia. In addition, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Zolpidem Tart ER 12.5mg TA #30 2 refill is not medically necessary.

Welbutrin 100mg #30 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 Antidepressants for Chronic Pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome with subacromial bursitis and rotator cuff tendinitis, right hand Dupuytren's contracture, and left elbow sprain/strain. However, there is no documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Wellbutrin 100mg #30 2 refills is not medically necessary.