

Case Number:	CM14-0030987		
Date Assigned:	06/20/2014	Date of Injury:	10/10/2002
Decision Date:	09/03/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/11/2014

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 ABFP 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 46 year old male patient sustained a work injury on 10/31/13 involving the shoulder and back. He was diagnosed with right rotator cuff syndrome and multi-level disc herniation. A progress note on 11/14/13 indicated the patient had been using Norco and topical Biotherm cream for pain relief. His pain improved from 7/10 to 3/10. Examination at the time was notable for limited range of motion of the right shoulder and reduced strength. An MRI was requested of the shoulder. A subsequent request was made in February to continue Hydrocodone 7.5 mg, Ambien 5mg night and continue Biotherm mtopically. Clinical indication for continuation was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia(Hydrocodone/APAP) 7.5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Opioids, California Controlled Substance Utilization Review and Evaluation system(CURES)[DWC](CURES,<http://ag.ca.gov/bne/trips.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and pg 82-92 Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. There was no indication of further clinical response or need for extended use over considering an NSAID or Tylenol. The continued use of Anexsia (Hydrocodone) is not medically necessary.

Ambien 5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines), Pain (Acute and Chronic), Procedure Summary, Zolpidem (Ambien) Insomnia.

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

Decision rationale: According to the ODG guidelines, treatment of insomnia is recommend that treatment be based on the etiology, with the pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. In this case, the etiology or indication for Ambien use for insomnia is not outlined. Length of prior use and continued use is not mentioned. The request for Ambien above is not medically necessary.

Bio-therm topical cream (Menthyl Salicylate 20%/Menthol10%/Capsaicin 0.002%):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics and pg 111-112 Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical NSAIDs, are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the patient was prescribed Biotherm (which contains an NSAID) for several months. It is not been approved for long-term use or evaluated for some of the patient's and pain conditions. Biotherm is therefore not medically necessary.