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| Case Number: | CM14-0054255 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 10/17/2003 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/23/2014 |

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 Medicine and is licensed to practice in Florida. 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 73-year-old female with a reported date of injury of 10/17/2003. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post right carpal tunnel release, right lateral epicondylitis, right thumb stenosing tenosynovitis, right De Quervain's disease, right basal joint degenerative traumatic arthritis, right little finger stenosing tenosynovitis, left lateral epicondylitis, left thumb stenosing tenosynovitis, and left basal joint degenerative traumatic arthritis. Her previous treatments were noted to include surgery, physical therapy, cortisone injections, and medications. The progress note, dated 03/07/2014, revealed complaints of numbing in both legs for about 6 months. The injured worker complained of bilateral hand pain. The physical examination to the bilateral knees revealed decreased range of motion and pitting edema. The physical examination of the bilateral wrists revealed tenderness to the bilateral first carpometacarpal joint and a positive grind test. The injured worker indicated with medications her pain rated 5/10 and without medications rated 7/10. The injured worker indicated that with medications she was able to perform activities of daily living and participate in the home exercise program. The provider indicated the injured worker could not tolerate oral NSAIDs. The provider indicated the injured worker had failed behavioral techniques for improved sleep and had sleep difficulty. The Request for Authorization form was not submitted within the medical records. The request was for Axid 150 mg #60 (nizatidine) for treatment of dyspepsia due to NSAID use or other medication use, Ambien 10 mg #30 for sleep, and Ultracin topical lotion 120 mL #1 because the injured worker could not tolerate oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axid 150mg #60 (Nizatidine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. The Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events, such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or anticoagulant, or high dose/multiple NSAIDs. The guidelines state for treatment of dyspepsia secondary to NSAID therapy, the physician should stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a proton-pump inhibitor (PPI). The injured worker was not shown to be utilizing NSAIDs, and there is lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Ambien 10mg #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, Pain Chapter, Insomnia treatment.

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

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. The Official Disability Guidelines state Zolpidem is a prescription short acting, nonbenzodiazepine hypnotic, which is approved for short term (usually 2 to 6 weeks) treatment of insomnia. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents 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. There is a lack of documentation regarding efficacy in regards to sleep duration and quality with utilization of this medication. The guidelines recommend short term utilization of this medication, usually 2 to 6 weeks, and the injured worker has been on this medication for at least 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Ultracin topical lotion 120ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation FDA (Federal Drug Administration).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Capsaicin; Topical Salicylates Page(s): 111; 28; 105.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended for use. The guidelines recommend topical Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend topical salicylates. The guidelines state topical salicylate is significantly better than placebo in chronic pain. There is a lack of documentation regarding neuropathic pain to warrant a topical analgesic. The guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments, and there is a lack of documentation regarding the injured worker having pain that has not responded or is completely intolerant to other treatments. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.