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| Case Number: | CM14-0066964 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 07/04/2006 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 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 injured worker is a 45-year-old female who was injured on 07/04/06. The mechanism of injury is undisclosed. The injured worker required three separate lumbar spine surgeries following initial injury. Diagnoses included failed back surgery syndrome, sacroiliac joint pain, lumbar radiculitis, cervicgia, cervical facet pain, and cervical radiculitis. Clinical note dated 05/20/14 indicated the injured worker presented complaining of recurrence of sacroiliac joint pain rated 5 to 8/10 and increasing left upper extremity pain and numbness. Physical examination revealed paracervical muscle spasm and tenderness, twenty percent reduction cervical range of motion, positive Spurling left, positive cervical compression, pain corresponding to left C7 dermatome, sensation intact and symmetrical throughout bilateral upper extremities, deep tendon reflexes 2/4 bilateral upper extremities, pathological reflexes absent, motor strength 5/5 globally, lumbar spine physical examination revealed paravertebral muscle spasm and tenderness, bilateral sacroiliac joint tenderness, bilateral greater trochanter tenderness, positive Gaenslen and Faber tests, and sensation intact and symmetric throughout. Treatment plan included left upper extremity electrodiagnostic studies, chiropractic therapy, psychosocial evaluation, referral for spinal cord stimulator, and prescriptions for Norco, Naproxen, Gabapentin, Zolpidem, and compounded analgesic creams. The initial request for Zolpidem 10 milligrams quantity thirty and compounded analgesic cream was noncertified on 04/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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, 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) - online version, Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: As noted in the the Official Disability Guidelines (ODG), Ambien is approved for the short term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long term use. Ambien can be habit forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long term. As such, the request for Zolpidem 10 milligrams quantity thirty cannot be recommended as medically necessary.

Compounded Analgesic Creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The individual components of the requested compound were not provided allowing for assessment of United States Federal Drug Administration (FDA) approval status. Therefore compounded analgesic creams cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.