

Case Number:	CM14-0201363		
Date Assigned:	12/11/2014	Date of Injury:	01/06/2007
Decision Date:	02/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 68-year-old male with date of injury of 07/08/2007. The listed diagnoses from 11/07/2014 are: 1. Heel pain 2. Osteoarthritis of the ankle 3. Fracture of the calcaneus According to this report, that patient complains of left sided foot/heel pain. He rates his present pain at 3/10. The patient states that if he does not use Ambien, "he simply does not sleep." There is joint swelling of the left ankle joint with stiffness and tenderness. Burning noted over the front of the ankle. Heel and toe pain is reported after a long day's work. The patient uses diclofenac gel which improves his function and decreases his pain by 50%. Ambulation tolerance is 15 minutes. On his left foot where the surgeries were performed, he "has intense burning," which makes it difficult for him to wear his shoes. He has persistent insomnia. Examination shows limited range of motion of the ankle. Ecchymosis is noted over the left ankle. Motor strength is within normal limits. Gait is normal. The 09/09/2014 report shows the same examination from the 11/07/2014 report. Treatment reports from 03/07/2014 to 11/07/2014 were provided for review. The utilization review denied the request on 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg quantity 50 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Cyclobenzaprine Page(s): 63 and 64.

Decision rationale: This patient presents with left foot/heel pain. The provider is requesting Cyclobenzaprine 5 MG quantity 50 with two refills. The MTUS guidelines page 64 on Cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (Amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The record shows that the patient was prescribed Cyclobenzaprine on 05/08/2014. In this case, the MTUS guidelines do not support the long-term use of Cyclobenzaprine. The request is not medically necessary.

Ambien 5mg quantity 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 Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter on zolpidem.

Decision rationale: This patient presents with left foot/heel pain. The provider is requesting Ambien 5 MG quantity 30 with two refills. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental/Stress Chapter on Zolpidem states "Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The record shows that the patient was prescribed Ambien on 03/07/2014. The patient notes, "If he does not use Ambien he simply does not sleep." In this case, while the patient reports benefit while utilizing Ambien, the ODG guidelines do not support the long-term use of Ambien. The request is not medically necessary.

Topical Compound Lidocaine 5%, Gabapentin 4% And Ketoprofen 10% gel, 30gm:
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.

Decision rationale: This patient presents with left foot/heel pain. The provider is requesting Topical Compound Lidocaine 5%, Gabapentin 4%, and Ketoprofen 10% Gel, 30 GM. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with

few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The records do not show a history of use of this topical compound. However, gabapentin and ketoprofen are currently not supported in topical formulation. Furthermore, lidocaine is only recommended in a patch of form. The request is not medically necessary.