

Case Number:	CM14-0207055		
Date Assigned:	12/19/2014	Date of Injury:	08/21/1998
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 64 year old patient with date of injury of 08/21/1998. Medical records indicate the patient is undergoing treatment for cervical disc displacement and depression with anxiety. Subjective complaints include head, neck and bilateral upper extremity pain, constant neck pain with numbness and tingling to both hands. Objective findings include patient is anxious, trapezius muscle tone increased, palpable tenderness. MRI of cervical spine dated 05/23/2007 revealed evaluation is limited by low field strength open magnetic resonance imaging as well as metallic screws from anterior spinal fusion at the C5-C8 level; abnormal T2 signal within the spinal cord posterior to C5-C6 with T2 prolongation within the central gray zone of the spinal cord likely due to edema versus myelomalacia of indeterminate age; moderate degenerative disc disease at C3-C4, C4-C5 and C6-C7. Treatment has consisted of surgical intervention, TENS unit, acupuncture, Capsaicin cream, Diclofenac Sodium, Sonata, Acufloa Probiotic, A-f Betfood, Atorvastatin, Biofreeze Gel, Cortisol Manager, Digestive Enzymes Capsule, Famotidine, Fish oil Fluticasone Propionate Nasal Spray, Glucosamine, Green Vibrance, Maxi Hair, Nortriptyline, Plavix and Voltaren Gel. The utilization review determination was rendered on 12/03/2014 recommending non-certification of Sonata 5 mg #30, Capsaicin cream 0.075% #3 tubes and Diclofenac Sodium 1.5% #5 bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 5 mg #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 (ODG)

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

Decision rationale: The CA MTUS silent regarding this topic. ODG states regarding insomnia, "Recommend correcting deficits, as nonrestorative sleep is one of the strongest predictors for pain." ODG additional details specific components of sleep hygiene, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. ODG states, "Zaleplon (Sonata) reduces sleep latency. Side effects: headache, drowsiness, dizziness, fatigue, confusion, abnormal thinking. Sleep-related activities have also been noted such as driving, cooking, eating and making phone calls. Abrupt discontinuation may lead to withdrawal. Dosing: 10 mg at bedtime (5 mg in the elderly and patients with hepatic dysfunction). (Morin, 2007) Because of its short half-life (one hour), may be readministered upon nocturnal waking provided it is administered at least 4 hours before wake time. (Ramakrishnan, 2007) This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." The medical records have indicated that the patient has been on this medication in excess of the 5 week effectiveness recommendation. The medical documents also do not include diagnosis of insomnia, and what conservative therapy was trialed and failed. As such, the request for Sonata 5 mg #30 is not medically necessary.

Capsaicin cream 0.075% #3 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin Page(s): 111-113; 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no

indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Capsaicin cream 0.075% #3 tubes is not medically necessary.

Diclofenac Sodium 1.5% #5 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. As such, the request for Diclofenac Sodium 1.5% #5 bottles is not medically necessary.