

Case Number:	CM15-0100950		
Date Assigned:	06/03/2015	Date of Injury:	02/05/2014
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 2/05/2014, while employed as a construction worker. He reported being hit in the back by a boom lift. The injured worker was diagnosed as having cervicgia, low back pain, lumbar disc disorder, lumbar radiculopathy, low back pain, and chronic pain syndrome. Treatment to date has included diagnostics, physical therapy, lumbar epidural steroid injection, lumbar spinal surgery on 1/08/2015, and medications. The use of Ambien and Voltaren gel was noted since at least 2/26/2015. Currently (4/14/2015), the injured worker was seen for refill of medications. He reported medications working well and reported no side effects. His pain was rated 9/10. Current medications included Hydrocodone/Acetaminophen, Voltaren gel, Neurontin, Tramadol and Ambien. A complete physical exam or review of symptoms was not documented. The treatment plan included continued medications. Urine drug screening was performed. On 4/23/2015, he completed 7/12 physical therapy sessions and reported that he was no longer assisted by a walker. He reported seeing his spinal surgeon on 4/15/2015 and stated that x-rays were completed and "everything looked fine". He continued to report ongoing numbness and sharp pain in the right leg. Pain remained rated at 9/10. Pain medication refills were requested. His work status remained total temporary disability. A progress report, dated 4/08/2015, noted positive symptoms to include anxiety, depression, and sleep difficulties (daytime sleepiness, difficulty initiating and maintaining sleep, non-restorative sleep). The patient has used a walker and had slow gait. The patient has had history of depression and sleep disturbance. A recent detailed psychological evaluation note was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #60 with 1 refill: 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); Pain Chapter (Online Version), 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) Pain (updated 06/15/15) Zolpidem.

Decision rationale: Request: Ambien 5mg #60 with 1 refill Zolpidem is a short-acting nonbenzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. The request is for prolonged use of zolpidem- (60 tablets with 1 refill), not short term use. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The request is not medically necessary.

Voltaren Gel 1% topical #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s):49, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Voltaren Gel 1% topical #1 tube Voltaren Gel is Diclofenac sodium topical gel that contains the active ingredient diclofenac diethylamine in the strength 11.6 mg/g (1.16% w/w) and non-medicinal ingredients include carbomer, cocoyl caprylocaprate, diethylamine, isopropyl alcohol, liquid paraffin, macrogol cetostearyl ether, perfume, propylene glycol, purified water. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed." 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. Non-steroidal anti-inflammatory

agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The request is not medically necessary.