

Case Number:	CM15-0108848		
Date Assigned:	06/15/2015	Date of Injury:	06/16/2008
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 45-year-old female, who sustained an industrial injury on 6/16/2008. Diagnoses include chronic pain due to injury, shoulder sprain, pain in forearm, cervical degenerative disc disease, hypertension, cervical strain, labrum shoulder tear, insomnia, disorder of bursa shoulder region, spasm, wrist joint pain, lateral epicondylitis, pain in limb, muscle pain, chronic pain syndrome, spinal stenosis cervical region, shoulder rotator cuff sprain, hand joint pain, insomnia, glenoid labrum detachment, shoulder joint pain, carpal tunnel syndrome, neck sprain, anxiety and anemia. Treatment to date has included medications including Lidoderm 5% patch, Zolpidem, Flexeril, Soma, Norco/APAP, and Omeprazole. Per the Primary Treating Physician's Progress Report dated 5/22/2015, the injured worker reported neck pain that is moderate and unchanged. She reported pain in the bilateral lateral neck, bilateral posterior neck and bilateral shoulders with radiation to the arms. Pain without medications is rated as 10/10 and with medications is 5/10. Physical examination of the cervical spine revealed anterior surgical scars that were healing well. She was wearing a hard cervical collar. There was maximum tenderness to the right shoulder, left shoulder, paracervical, parascapular and trapezius. The plan of care included oral and topical medications and authorization was requested for Zolpidem Tartrate, Triamcinolone Acetonide 0.5%, and a ThermoCare bandage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 5mg #30 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, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain that relates back to a work related injury on 06/16/2008. The patient's medical diagnoses include insomnia, shoulder labrum tear, cervical disc disease with strain, CTS, and anxiety. The patient reports a pain level of 10/10 without medications. On exam, there is tenderness on shoulders, the paracervical areas, and the muscles of the upper back. This review addresses a request for Zolpidem 5 mg #30 tabs with 1 refill. Zolpidem is a non-benzodiazepine hypnotic medically approved for the short-term management of insomnia. Medical treatment guidelines warn that reliance on hypnotics does not result in impressive relief from insomnia, and can produce side effects such as hallucinations, and lead to dependence and drug tolerance. Addressing sleep hygiene does lead to improvement in restorative sleep. There is no documentation that this has been tried. Zolpidem is not medically necessary.

Triamcinolone Acetonide 0.5% topical cream #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012519/?report=details.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of dermatitis by William Weston, MD, in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain that relates back to a work related injury on 06/16/2008. The patient's medical diagnoses include insomnia, shoulder labrum tear, cervical disc disease with strain, CTS, and anxiety. The patient reports a pain level of 10/10 without medications. On exam, there is tenderness on shoulders, the paracervical areas, and the muscles of the upper back. This review addresses a request for triamcinolone 0.5% cream. Triamcinolone (TMC) cream is a topical anti-inflammatory cream intended to treat inflammatory skin disorders. The documentation does not make clear what the medical indication for this cream is. TMC is not medically necessary.

Thermacare bandage #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310.

Decision rationale: This patient receives treatment for chronic pain that relates back to a work related injury on 06/16/2008. The patient's medical diagnoses include insomnia, shoulder labrum tear, cervical disc disease with strain, CTS, and anxiety. The patient reports a pain level of 10/10 without medications. On exam, there is tenderness on shoulders, the paracervical areas, and the muscles of the upper back. This review addresses a request for Thermancare bandages. Thermancare contains activated charcoal, iron powder, sodium chloride, sodium thiosulfate and water. It is an OTC product intended to be used in the short term for muscle aches and pains. The treatment guidelines recognize the value of the application of hot and cold before and after physical medicine sessions. The documentation in this case does not address the exact manner in which this is to be used, nor does it document what functional benefit justifies its continued use. Thermancare is not medically necessary.