

<b>Case Number:</b>	CM15-0147234		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/07/2002
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 57-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of January 7, 2002. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for Ambien and a capsaicin-containing cream apparently prescribed and/or dispensed on or around June 10, 2015. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant reported ongoing complaints of shoulder and hand pain. The applicant reported 8/10 pain with medications versus 10/10 pain without medications. The attending provider contended that the applicant was able to cook, laundry, bathe, and dress herself as a result of ongoing medication consumption. The applicant's medication list included Theracodophen, Savella, Adipex, Celexa, and Zanaflex, it was reported. The applicant reported issues with anxiety, depression, insomnia, and fatigue, it was reported in the review of systems section of the note. Ambien, the topical compound in question, Norco, and OxyContin were endorsed toward the bottom of the report. It was suggested (but not clearly stated) that these medications represented a renewal request. The applicant was deemed "permanently disabled," it was acknowledged toward the bottom of the note. In an RFA form dated May 26, 2015, Adipex, the topical compound in question, Norco, and OxyContin were renewed. On May 12, 2015, it was stated in various sections of the note that the applicant was using Celexa, Theracodophen, Adipex, Ambien, Zanaflex, Norco, OxyContin, and the topical compounded agent in question. Once again, the applicant was placed off of work, with the treating provider noting that the applicant had been deemed "permanently disabled."

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective request for Ambien 10mg #30 with 1 refills DOS 6/10/2015: 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 (Acute and Chronic) Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. ODG's Mental Illness and Stress Chapter Zolpidem topic also notes that zolpidem or Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, the renewal request for 30 tablets of Ambien with one refill, thus, was at odds with both the FDA label and the unfavorable ODG position on long-term usage of Ambien. Therefore, the request was not medically necessary.

### **Retrospective request for Flurbiprofen 25%, Capsaicin 0.0275% cream #30 30gm DOS 6/10/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Compounded topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Analgesics Page(s): 28; 111.

**Decision rationale:** Similarly, the request for a flurbiprofen-capsaicin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Norco, OxyContin,

etc., effectively obviated the need for the capsaicin-containing compound in question. Since the capsaicin component of the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.