

Case Number:	CM15-0161811		
Date Assigned:	08/27/2015	Date of Injury:	09/01/2006
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, 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 62 year old female, who sustained an industrial injury on 9-01-2006. Diagnoses include neck pain, sprain shoulder-arm NEC, carpal tunnel syndrome, pain in thoracic spine and cervicobrachial syndrome. Treatment to date has included TENS and medications. Medications as of 1-27-2015 included Lidoderm patch, Ambien, Voltaren gel, Etodolac, Omeprazole and Tramadol/APAP. Per the Primary Treating Physician's Progress Report dated 7-14-2015 the injured worker presented for a periodic office visit. She reported neck pain and bilateral hand pain. She rates her pain with medications as 4 out of 10 and without medications as 7 out of 10. "Pain is unchanged and stable on current treatment plan." There is no change in pain level since the visit on 1-27-2015. Objective findings included hypertonicity and tenderness on the right side of the cervical paravertebral muscles and also over the lateral epicondyle of the right elbow. The plan of care included medications. Authorization was requested on 2-09-2015 for Lidoderm 5% patch #30, Ambien 10mg #30, Voltaren gel 1%. On 8-03-2015, Utilization Review non-certified the request for Voltaren gel, citing lack of medical necessity and modified the request for Ambien for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.

Voltaren Gel 1% #2 refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 5 months refill is not indicated. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. The claimant was also on oral Etodolac. Other topical analgesics were used as well - Lidocaine. Multiple topical are not indicated. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.