

Case Number:	CM15-0169875		
Date Assigned:	09/10/2015	Date of Injury:	05/29/2015
Decision Date:	10/16/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old female, who sustained an industrial injury on 5-29-2015, due to repetitive work activities and a hostile work environment. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and stress. Treatment to date has included examinations and medications. Currently (7-22-2015), the injured worker complains of pain in both wrists (rated 8 out of 10) and stress on a daily basis. Physical exam noted deep tendon reflexes in the upper extremities 2+ out of 4 and positive Tinel's and Phalen's. Her mental status was not described and functional status was not noted. Gastrointestinal complaints were not described. She was prescribed compounded medications, Protonix, Zolpidem, and Alprazolam. The doctor's First Report of Occupational Injury or Illness on 7-02-2015 noted complaints of bilateral wrist pain, depression, and loss of sleep. Diagnoses at that time included insomnia, unspecified, bipolar I disorder, most recent episode was not specified, acute reaction to stress, and depression. She presented as very emotional and crying. The psychological examination on 7-10-2015 noted physical complaints of pain in her wrists. Psychological complaints included depression, stress, anxiety, difficulty with sleep, decreased appetite, and affected short term memory, concentration, and sexual functioning. It was also documented that she saw her own physician on 6-01-2015, was taken off work, and prescribed Alprazolam. Epworth Sleepiness Scale was documented as zero. Depression Scale score was 39. Anxiety Scale score was 39. Somatization Scale score was 41. Beck Depression Inventory score was 52. Her Global Assessment of Functioning score was 58. It was recommended that she receive biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication: HNPC1: Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2%, in a cream base 240grams: 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): Amitriptyline, Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. There is lack of guidelines support for the utilization of topical formulations of amitriptyline, gabapentin and hyaluronic acid for the treatment of chronic musculoskeletal pain syndrome. The criteria for the use of HNPC1: amitriptyline HCL 10% /gabapentin 10% / bupivacaine 5% / hyaluronic acid 0.2% in a cream base 240grams was not met. Therefore, the request is not medically necessary.

Compounded medication: HNPC2: Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2% in cream base 240 grams: 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): Muscle relaxants (for pain), Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. There is lack of guidelines support for the utilization of topical formulations of baclofen dexamethazone or hyaluronic acid for the treatment of chronic musculoskeletal pain syndrome. The criteria for the use of HNPC2: flurbiprofen 20% / baclofen

10%/dexamethazone micro 0.2% / hyaluronic acid 0.2% in a cream base 240grams was not met. Therefore, the request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease. The records did not show that the patient was utilizing oral NSAIDs medications. There is no documentation of past history or active gastrointestinal disease. The records did not show that the patient failed treatment with omeprazole, the recommended first line proton pump inhibitors. The criteria for the use of Protonix 20mg #60 was not met. Therefore, the request is not medically necessary.

Zolpidem 10mg #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Sleep Medications.

Decision rationale: The CA MTUS and the ODG guidelines recommend that zolpidem can be utilized for the short term treatment of insomnia and sleep disorder when non medication measures have failed. The chronic use of sleep medications can be associated with the development of tolerance, dependency, sedation, addiction, daytime somnolence and adverse interactions with other sedative medications. The records indicate that the utilization of zolpidem had exceeded that guidelines recommended maximum duration of 4 to 6 weeks. The guidelines recommend that chronic pain patients with significant psychosomatic disorders including insomnia and anxiety be treated with oral anticonvulsant and antidepressant medications with analgesic and anxiolytic effects. The criteria for the use of zolpidem 20mg #30 was not met. Therefore, the request is not medically necessary.

Alprazolam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Work-Relatedness, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Benzodiazepines, Duloxetine (Cymbalta), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for the short-term treatment of anxiety disorder when non medication measures and behavioral therapy have failed. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, sedation, addiction, daytime somnolence and adverse interactions with other sedative medications. The records indicate that the utilization of alprazolam had exceeded that guidelines recommended maximum duration of 4 to 6 weeks. The guidelines recommend that chronic pain patients with significant psychosomatic disorders including insomnia and anxiety be treated with oral anticonvulsant and antidepressant medications with mood stabilizing, analgesic and anxiolytic effects. The criteria for the use of alprazolam 1mg #60 was not met.