

Case Number:	CM15-0199481		
Date Assigned:	10/14/2015	Date of Injury:	05/29/2015
Decision Date:	12/17/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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:

This is a 63 year old female with a date of injury on 5-29-15. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral wrist pain, stress and depression. Progress report sent closest to date of request dated 7-2-15 reports complaints of bilateral wrist pain with numbness of hands fingers, weakness of bilateral hands left worse than the right. She also has complaints of being very emotional, depressed and has loss of sleep. Objective findings: decreased grip bilateral upper extremities, positive phalen's, bilateral wrists tender with decreased sensation to median nerve distribution, bilateral wrist swelling, very emotional and upset. Treatments include: medication, acupuncture, TENS. Request for authorization was made for Alprazolam 1 mg quantity 60 dispensed 8-26-15, Zolpidem 10 mg quantity 30 dispensed 8-26-15, Pantoprazole DR 20 mg quantity 60 dispensed 8-26-15, Flurbiprofen 20 percent, Baclofen 10 percent, Dexamethasone micro 0.2 percent, Hyaluronic acid 0.2 percent 240 gm and Amitriptyline 10 percent, Gabapentin 10 percent, Bupivacaine 5 percent, Hyaluronic acid 0.2 percent 240 gm. Utilization review dated 9-8-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% - 240gm: 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, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Compound: Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% - 240gm is not medically necessary.

Compound: Flurbiprofen 20% Baclofen 10% Dexamethasone micro 0.2, Hyaluronic acid 0.2% - 240gm: 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, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Flurbiprofen topical is not supported by the MTUS. Compound: Flurbiprofen 20% Baclofen 10% Dexamethasone micro 0.2, Hyaluronic acid 0.2% - 240gm is not medically necessary.

Retro DOS: 8.26.15 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, Pain, PDR.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory

more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Retro DOS: 8.26.15 Zolpidem 10mg #30 is not medically necessary.

Retro DOS: 8.26.15 Pantoprazole DR 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, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Pantoprazole DR is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Retro DOS: 8.26.15 Pantoprazole DR 20mg #60 is not medically necessary.

Retro DOS: 8.26.15 Alprazolam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Alprazolam for much longer than the 4 weeks suggested by the MTUS. Retro DOS: 8.26.15 Alprazolam 1mg #60 is not medically necessary.