MAXIMUS Federal Services

Case Number:	CM15-0021370		
Date Assigned:	02/10/2015	Date of Injury:	07/13/2010
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 year old female injured worker suffered and industrial injury on 7/13/2010. The diagnoses were cervical sprain, shoulder impingement, carpal tunnel release, lateral epicondylitis and limb pain. The treatments were medications. The treating provider reported difficulty sleeping and feelings of depression. On exam, the injured worker had tenderness to the cervical muscles and left elbow. The range of motion of the cervical spine was limited and the grip strength was reduced bilaterally. The Utilization Review Determination on 1/6/2015 non-certified:1. Sleep Study, citing ODG. 2. Medrox ointment, refill 2, citing MTUS. 3. Zolpidem tartrate 10mg #30, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: 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 Chapter, Polysomonography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Sleep study

Decision rationale: Pursuant to the Official Disability Guidelines, sleep study is not medically necessary. Polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. Not recommended for routine evaluation of transient insomnia, chronic insomnia or insomnia associated with psychiatric disorders. The criteria are enumerated in the Official Disability Guidelines. Polysomnography is recommended for the following combination of indications: excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; sleep-related breathing disorder; insomnia complaint at least six months (at least four nights a week), etc. In this case, the injured worker's working diagnoses are cervical sprain; shoulder impingement; carpal tunnel syndrome; and lateral epicondylitis. The medical record contains a single progress note from the requesting physician for the sleep study. The progress note dated December 16, 2014 indicates a sleep study was ordered to rule out sleep apnea. There was no weight documented in the medical record. There was no duration of sleep difficulty in the medical record. The treating physician prescribed zolpidem for the first time on that date. Additionally, the injured worker was referred to a psychiatrist for the first time on that date. A psychiatric etiology had not been excluded at that point. There was no other documentation in the medical record indicating sleep difficulties or insomnia. Consequently, absent clinical documentation meeting the criteria for a sleep study, sleep study is not medically necessary.

Medrox ointment, refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Medrox ointment with two refills is not medically necessary. Medrox contains methyl salicylate, menthol and Capsaisin 0.0375%. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are cervical sprain; shoulder impingement; carpal tunnel syndrome; and lateral epicondylitis. Capsaisin 0.0375% is not recommended. Any compounded product that contains at least one drug (Capsaisin 0.0375%) that is not recommended is not recommended. Consequently, Medrox ointment is not recommended. Based

on clinical information medical record and the peer-reviewed evidence-based guidelines, Medrox ointment with two refills is not medically necessary.

Zolpidem tartrate 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 (ODG) Pain Chapter, (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Zolpedem

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem (Ambien) 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release. In this case, the injured worker's working diagnoses are cervical sprain; shoulder impingement; carpal tunnel syndrome; and lateral epicondylitis. The guidelines recommend short-term (7 to 10 days) treatment of insomnia. The injured worker prescribed a one-month supply. This is in excess of the recommended guidelines. Additionally, the injured worker was referred for psychological evaluation for depression. Insomnia associated with psychiatric disorders should be ruled out prior to using long-term zolpidem. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release. Consequently, absent compelling clinical documentation to support zolpidem in contravention of the recommended guidelines, Zolpidem 10 mg #30 is not medically necessary.