

Case Number:	CM15-0043578		
Date Assigned:	03/13/2015	Date of Injury:	09/02/1999
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation

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 50-year-old male, who sustained an industrial injury on September 2, 1999. The injured worker was diagnosed as having bilateral shoulder impingement syndrome status post multiple surgeries, complex regional pain syndrome of the left upper extremity with major involvement at the left elbow region, chronic cervicgia, bilateral cubital tunnel syndrome status post left cubital tunnel syndrome release with ulnar nerve transposition, left carpal tunnel syndrome status post left carpal tunnel release, left lateral epicondylitis status post left lateral epicondylectomy, left medial epicondylitis, and pain related insomnia. Treatment to date has included medication. Currently, the injured worker complains of chronic pain of the bilateral upper extremities, chronic neck and chronic back pain. The Treating Physician's examination dated February 9, 2015, noted the injured worker reporting approximately 40-50% reduction in his pain with the use of his medications. The injured worker reported averaging seven hours of sleep with the Ambien, noting an average of five hours of sleep without the medication. The Norco, Amitriptyline, Neurontin, Voltaren Gel, and Butrans Patches were noted as necessary to help manage the injured worker's pain such that he could adequately function with activities of daily living (ADLs). The Colace was noted to be necessary to help manage the narcotic related constipation. The injured worker's shoulders were noted to be significantly tender to palpation, with forward flexion and abduction in the right shoulder limited due to guarding and pain. The elbow examinations were significant for diffuse tenderness about the left elbow, with Tinel's test positive on the right. Tenderness was noted in the left lower cervical paraspinal region extending into the left trapezius, with some tenderness at the cervicothoracic junction. Tenderness to

palpation was noted overlying the lumbar spine with slight tenderness noted in the left lumbar paraspinous region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Pain (Chronic) and Topic Zolpidem.

Decision rationale: The 50-year-old patient complains of chronic pain in the bilateral upper extremities localized mainly to left elbow, wrist and hand, along with some chronic pain in neck and back, rated at 7-8/10 without medications and 4/10 with medications, as per progress report dated 02/17/15. The request is for AMBIEN 10 mg # 20 WITH 4 REFILLS. The RFA for the case is dated 02/19/15, and the patient's date of injury is 09/02/99. The patient is status post multiple shoulder surgeries, status post left carpal tunnel release, status post left cubital tunnel release with ulnar nerve transposition, and left lateral epicondylectomy, as per progress report dated 02/17/15. Diagnoses included bilateral shoulder impingement syndrome, CRPS of left upper extremity, chronic cervicalgia, bilateral cubital tunnel syndrome, left carpal tunnel syndrome, left lateral epicondylitis, left medial epicondylitis, and pain-related insomnia. Medications included Norco, Amitriptyline, Neurontin, Voltaren gel, Butrans patch, and Ambien. The patient can work with restrictions, as per the same progress report. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also state 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. Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis."In this case, a prescription for Ambien was first noted in progress report dated 01/23/14. The treating physician continues to request the medication as the patient averages 7 hours of sleep with the Ambien, whereas without that medication he tends to average about five hours of sleep per night. Subsequently with Ambien he is less fatigued during the day and is more functional. The physician also states that the patient's pain increases due to lack of sleep. While it is evident that the patient has benefited from the medication, ODG guidelines recommend only short-term use of Ambien lasting about 7-10 days. The current request for # 20 with 4 refills exceeds that recommendation and IS NOT medically necessary.

Voltaren topical 1% topical gel 100gm #5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 50-year-old patient complains of chronic pain in the bilateral upper extremities localized mainly to left elbow, wrist and hand, along with some chronic pain in neck and back, rated at 7-8/10 without medications and 4/10 with medications, as per progress report dated 02/17/15. The request is for VOLTAREN TOPICAL 1% TOPICAL GEL 100 gm #5. The RFA for the case is dated 02/19/15, and the patient's date of injury is 09/02/99. The patient is status post multiple shoulder surgeries, status post left carpal tunnel release, status post left cubital tunnel release with ulnar nerve transposition, and left lateral epicondylectomy, as per progress report dated 02/17/15. Diagnoses included bilateral shoulder impingement syndrome, CRPS of left upper extremity, chronic cervicgia, bilateral cubital tunnel syndrome, left carpal tunnel syndrome, left lateral epicondylitis, left medial epicondylitis, and pain-related insomnia. Medications included Norco, Amitriptyline, Neurontin, Voltaren gel, Butrans patch, and Ambien. The patient can work with restrictions, as per the same progress report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, Voltaren gel is first noted in progress report dated 01/23/14. In progress report dated 02/17/15, the treating physician states that Voltaren gel, along with other pain medications, helps reduce pain from 7-8/10 to 4/10. Patients notice 40-50% reduction in pain and improved function with activities of daily living. The MTUS guidelines support the usage of topical NSAIDs for medial and lateral epicondylitis. The current request IS medically necessary.