

Case Number:	CM15-0045503		
Date Assigned:	03/18/2015	Date of Injury:	10/01/2014
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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 48 year old male, who sustained an industrial injury on 10/01/2014 when a hose came off a piece of equipment and struck in left lower leg, he complained of swelling and tenderness. He also complained of pain in neck area, right shoulder and lower back. His diagnoses included cervical strain, right shoulder strain, lumbosacral strain and contusion left lower leg. On provider visit dated 02/19/2015 the injured worker has reported right arm pain and cracking, and lower back pain that radiates to bilateral lower extremities associated with numbness and tingling. The diagnoses have included shoulder impingement, cervical radiculopathy, lumbar radiculopathy and internal derangement of the ankle and foot. Treatment to date has included medication. On examination he was noted to have cervical spine spasm and tenderness over paraspinals muscles. Tenderness was also noted over right biceps tendon in the shoulder exam with a restricted range of motion and positive impingement sign was noted. Lumbar exam revealed spasm over the paraspinals muscle and a restricted range of motion. Tenderness was also noted over the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the medical records do not establish that the injured worker has not responded or is intolerant to other treatments. The medical records note that the injured worker is being prescribed multiple oral medications. Furthermore, there is no evidence of specific objective functional improvement obtained from using topical Capsaicin. The request for Capsaicin 0.025% cream 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.

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

Decision rationale: According to ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. In this case, the medical records indicate that Zolpidem has been prescribed for an extended period of time. ODG further notes that according to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. The request for Zolpidem is not supported. The request for Zolpidem tartrate 10mg #30 is not medically necessary.