

Case Number:	CM15-0053727		
Date Assigned:	03/27/2015	Date of Injury:	01/21/2002
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 56 year old male, who sustained an industrial injury on 1/21/2002. He reported a low back injury, while feeling a pop in his back sitting in his truck. The injured worker was diagnosed as having lumbago. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 2/17/2015, the injured worker complains of low back pain. The treating physician is requesting Sonata, Monarch pain cream, Nuvigil and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg quantity 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, Treatment Index, Pain, Insomnia Treatment.

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

hypnotics, Insomnia treatment and Other Medical Treatment Guidelines American Academy of sleep Medicine (AASM, 2015).

Decision rationale: Sonata (Zaleplon) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually three weeks) treatment of insomnia and is not recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The American Academy of Sleep Medicine (AASM, 2015) advises against use of hypnotics as primary therapy for chronic insomnia; instead offer cognitive-behavioral therapy, because CBT is generally as effective as, or more effective than hypnotics at improving sleep, and can be effective over an extended period of time without side-effects associated with hypnotics. In this case, there is no documentation of insomnia. It is unclear why this patient was prescribed this medication. Sonata is not indicated for long-term use. There is no documentation of functional improvement with prior use of Sonata. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Monarch Pain Cream, two tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Many topical analgesic agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested topical analgesic cream is Monarch pain cream. There is no list of ingredients for this topical analgesic agent/compound. In addition, there is no evidence that this patient has not responded to, or are intolerant to other treatments. Medical necessity for the requested topical analgesic compound has not been established. The requested topical compound is not medically necessary.

Nuvigil 250mg quantity 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, Treatment Index, Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Nuvigil (Armodafinil) is a psychostimulant which is used to treat excessive sleepiness caused by obstructive sleep apnea, narcolepsy, or shift work sleep disorder. In this case, there is no documentation of excessive sleepiness or narcolepsy. The record also lacks documentation of failed trials with other medications ("Y" drugs), and lacks documentation that this medication ("N" drug) is more beneficial than a "Y" drug. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Terocin 4% (Lidocaine) Patches, quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. In this case, there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.