

Case Number:	CM15-0055924		
Date Assigned:	04/01/2015	Date of Injury:	10/28/1998
Decision Date:	05/08/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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 Jersey

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 61 year old female, who sustained an industrial injury on October 28, 1998. Initial complaints and diagnoses are not available. The injured worker was diagnosed as having bilateral plantar fasciitis. Treatment to date has included x-rays, orthotics, and pain, topical non-steroidal anti-inflammatory hypnotic medications. On February 6, 2015, the injured worker complains of "bad" bilateral foot pain, greater on the right than the left. The pain is strongest in the morning and was described as "like walking on a nail". She needed to take a non-steroidal anti-inflammatory medication to decrease the pain. The physical exam revealed tenderness to palpation of the bilateral plantar fascia right greater than the left and the right calcaneus, and gastrocnemius. There was a limp favoring the right lower extremity. X-rays were performed. The treatment plan includes a prescription for pare tape and continuing her pain, topical non-steroidal anti-inflammatory and hypnotic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem tab 8mg, day supply: 30, qty: 30, refills: 01, Rx date 02/18/2015: 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, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness section, sedative hypnotics AND the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, Rozerem, a sedative hypnotic was prescribed and used chronically, however, there was limited information provided explaining how or why it was used and if it was helpful. The chronic use of this medication is not recommended, and therefore, the request for renewal of Rozerem will be considered medically unnecessary.

Flector DIS 1.3% day supply: 30, qty: 60, refills:00, Rx date 02/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, Flector patches were prescribed for use, presumably for the plantar fasciitis. However, how it was used and how effective it was at reducing pain and improving function in this worker was not included in the documentation, which might have helped justify its continuation. Therefore, without clear and measurable evidence of benefit with its use, the Flector patches will be considered medically unnecessary at this time.

