

Case Number:	CM15-0059715		
Date Assigned:	04/06/2015	Date of Injury:	01/19/1999
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Arizona, 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 57 year old female, who sustained an industrial injury on 01/19/1999. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 12/17/2014 the injured worker has reported worsening symptoms of back, bilateral shoulder pain that radiates to her arms, she also reported pain in both legs and knees. On examination of the lumbar spine she was noted to have tenderness to the paravertebral muscles with spasms present, range of motion was restricted and straight leg raise was positive on the left, knees joint lines were tender to palpation with a positive McMurray's test and a minimal effusion was noted on the right. Left ankle was tender to palpation, large and tender lump on the later aspect of her right ankle and foot was noted. Sensation was slightly reduced in the dorsum of the left foot. The diagnoses have included lumbar radiculopathy, internal derangement of knee not otherwise specified and sprains and strains of ankles. Treatment to date has medication. The provider requested Capsaicin 0.025% cream with 2 refills, 15 patches of Lidoderm 5% patch (700mg per patch) and 30 tablets of Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 .025% is considered an option when other forms of analgesics have failed. The claimant had been on topical analgesics for several months in combination with oral pain medications. There was no indication of decreased pain medication use due to topical Capsaicin. Long-term use is not indicated. In addition, future response to Capsaicin cannot be determined. The request to continue Capsaicin with 2 additional 2 refills is not medically necessary.

15 patches of Lidoderm 5% patch (700mg per patch): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. The claimant had been on topical analgesics for several months and long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

30 tablets of Ambien 10mg: 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 ODG- pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not noted. Continued use of Ambien is not medically necessary.