

Case Number:	CM14-0117199		
Date Assigned:	08/04/2014	Date of Injury:	04/13/2009
Decision Date:	10/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old female who reported an injury on 04/13/2009 due to a work injury to the left shoulder. The injured worker complained of left shoulder pain, hip pain, wrist pain, finger pain, hand pain, and neck pain. The diagnoses included cervical spondylosis, carpal tunnel syndrome bilaterally, cervicalgia. The MRI of the cervical spine dated 06/01/2012 revealed focal abnormal cord signal at the C7, a disc osteophyte complex at the C4-5 and a disc fusion osteophytes complex at the C5-6. The treatments included an electromyogram and medication. The past surgical procedures included left carpal tunnel dated 03/10/2010 and a right carpal tunnel release dated 07/02/2010. The medications included Zolpidem 10 mg, Ultracet 37.5/325 mg, Flector 1.3% patch, Ibuprofen 800 mg, and Cymbalta 60 mg. The objective findings dated 05/15/2014 of the cervical spine revealed with full range of motion, slight tender left sided post cervical muscles, shoulders are nontender with no impingement and full range of motion, elbows were nontender with full range of motion, wrist shows surgical scars healed, left hand with slight atrophy, slight bluish plus Tinel's and Phalen's left greater than right and weakness. The treatment plan included Ultracet 37.5 mg, Zolpidem 10 mg, and Flector 1.3% patch. The Request for Authorization dated 08/04/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg/325mg. QTY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for Tramadol/APAP 37.5/325 mg #60 is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. The California MTUS recommends that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes were not evident that the injured worker had a diagnosis of neuropathic pain. The adverse side effects and the aberrant drug taking behavior should be addressed. The request did not indicate the frequency. As such, the request is not medically necessary.

Zolpidem 10mg QTY 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, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress, Zolpidem (Ambien)

Decision rationale: The request for Zolpidem 10mg QTY 30 is not medically necessary. The Official Disability Guidelines do not recommend Zolpidem for long-term use, but recommended for short-term use. The clinical notes provided indicated that the injured worker was prescribed the Zolpidem on 02/27/2014 and again on 05/15/2014. Per the guidelines, the Zolpidem ER is indicated for short term use. The clinical notes did not indicate that the injured worker had insomnia. The request did not indicate frequency. As such, the request is not medically necessary.

Flector 1.3% patch QTY 60: Upheld

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

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

Decision rationale: The request for Flector 1.3% patch QTY 60 is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are 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...Regarding the use of Ketamine it is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Clonidine is for intrathecal use and is recommended only after a short-term trial indicates pain relief in patients that are refractory to opioid monotherapy or opioids with local anesthetic. The request did not address frequency. As such, the request is not medically necessary.