

Case Number:	CM14-0124433		
Date Assigned:	08/08/2014	Date of Injury:	11/27/1995
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/06/2014

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 Family Medicine, and is licensed to practice in California. 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:

This is a 62-year-old female with a 11/27/95 date of injury. A specific mechanism of injury was not described. According to a handwritten progress report dated 7/22/14, the patient stated he was overall better, medications helped control his pain. His knees were no longer giving way and there was no further swelling. His low back was painful but functioning. Objective findings: no effusion, no instability of either knee. Diagnostic impression: bilateral carpal tunnel syndrome, left long trigger finger, degenerative disc disease lumbar spine, degenerative joint disease knees, right wrist Kienbocks. Treatment to date: medication management, activity modification. A UR decision dated 8/1/14 denied the requests for Voltaren gel and Ambien. Regarding Voltaren, the patient is utilizing oral NSAIDs for pain and inflammation. Voltaren gel would be indicated if the patient were to fail oral NSAIDs, which is not the case at this time. Regarding Ambien, records do not describe the patient to have insomnia or complaints of poor sleep. Further, there is no indication of benefit, such as improved sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100gm: 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 9792.24.2
Page(s): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. There is no documentation that the patient's knee pain has an arthritic component. In addition, there is no documentation that the patient is unable to tolerate oral NSAIDs to justify the need for a topical NSAID. Therefore, the request for Voltaren gel 100gm was not medically necessary.

Ambien #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien X Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. According to the reports reviewed, the patient has been on Ambien since at least 2/27/14, if not earlier. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien #30 was not medically necessary.