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| Case Number: | CM14-0029389 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 11/16/2002 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 03/07/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 72-year-old female who reported an injury on 11/16/2002 due to an unknown mechanism. The injured worker had a physical examination on 01/13/2014 which revealed complaints of pain in both wrists and both elbows. It was noted pain was increased with repetitive use for the upper extremities. She stated she had radiating pain extending into the right upper extremity, and weakness in both upper extremities. Objective findings for the injured worker were flexion and extension of 65 degrees. There was tenderness to palpation. Finkelstein's test was positive. The right elbow range of motion was 0 to 150 degrees. There was no tenderness to palpation. Neurological examination of the upper extremity was normal for motor, reflex, and sensory. Medications for the injured worker were Ambien and omeprazole. Diagnoses for the injured worker were carpal tunnel syndrome bilaterally, synovitis and tenosynovitis, bilateral wrist, De Quervain's disease. Prior treatments were not reported. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (zolpidem) 5 mg #60: 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 chapter, 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) Pain, Zolpidem.

Decision rationale: The documents submitted for review do not report why the injured worker is taking the zolpidem. Ambien is a short-acting non-benzodiazepine hypnotic. The Official Disability Guidelines state it is approved for a short-term period (usually 2 to 6 weeks) and is a treatment for insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. It was noted on the progress report dated 9/30/2013 that the injured worker was taking Ambien. The duration of use for this medication exceeds the guideline recommendations. It was not noted that the injured worker was having difficulty sleeping and the efficacy of the medication was not provided. Although the medication was prescribed, the provider did not indicate the frequency for the medication. Therefore, the request for Ambien (zolpidem) 5 mg #60 is not medically necessary and appropriate.

Prilosec (omeprazole) 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: It is unclear if the injured worker is taking an NSAID for pain relief or not. The request submitted does not indicate the frequency of the medication. The California Medical Treatment Utilization Schedule states to determine if the patient is at risk for gastrointestinal events, and determine if the patient is 65 years of age or older, they have a history of peptic ulcer, GI bleed, or perforation. Also, it is to be evaluated if the patient is doing concurrent use of aspirin, corticosteroid, and/or an anticoagulant. It is to be noted if the patient is taking a high dose/multiple NSAID also. For patients with no risk factor and no cardiovascular disease, a nonselective NSAID is okay such as ibuprofen, or naproxen. For patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor should be initiated. Or a COX-2 selective agent can be taken. Long term proton pump inhibitor use of greater than 1 year has been shown to increase the risk of hip fracture. It is recommended that patients at high risk for gastrointestinal events with no cardiovascular disease that a COX-2 selective agent plus a proton pump inhibitor may be indicated if absolutely necessary. There was no mention in the documents submitted of the injured worker having any type of gastrointestinal events. It was not noted that the injured worker was taking an NSAID which could possibly cause a gastrointestinal event. The injured worker is over 65 years of age but does not meet the criteria set forth in the medical Guidelines. Therefore, the request for Prilosec (omeprazole) 20 mg #60 is not-medically necessary and appropriate.

30 gram Flurbiprofen 25%: 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 Analgesic Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule states for nonsteroidal anti-inflammatory agents the efficacy and clinical trials have been inconsistent and most studies are small and of short duration. Topical analgesics are recommended for a short-term use, 4 to 12 weeks. They are mostly recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The injured worker does not have a diagnosis of osteoarthritis. It is not known how long the injured worker has been using this cream. It was not noted that the injured worker was using this medication or the reason why. The request submitted does not indicate a frequency for the medication. Efficacy of the medication was not provided. Therefore, request for 30 gram Flurbiprofen 25% is not medically necessary and appropriate.

30 gram Flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375%, topical creams, 120 gram tube, apply a thin layer to affected area twice a day as directed: 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): 111,112, 28.

Decision rationale: The California Medical Treatment Utilization Schedule states topical analgesics are recommended as an option. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical Guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. This topical analgesic cream contains capsaicin which is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. This topical analgesic cream also contains menthol, which can interact with some medical conditions. Menthol is used to help relieve minor pain caused by conditions such as arthritis, bursitis, tendinitis, muscle strains or sprains, backache, bruising, and cramping. Menthol and camphor are commonly used together in creams to help relieve minor muscle or joint pain. It was not noted in the document submitted that the injured worker was using this medication or the reason why. Guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended.

and the requested percentage of Capsaicin is not supported. There was also a lack of evidence of failure of first line medications to meet guideline criteria for the requested medication. Therefore, the request for 30 gram Flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375%, topical creams, 120 gram tube, apply a thin layer to affected area twice a day as directed is not medically necessary and appropriate.