

<b>Case Number:</b>	CM14-0215304		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/20/2005
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 patient with a date of injury of 5/20/05. A utilization review determination dated 12/3/14 recommends non-certification/modification of acupuncture, topical cream, and Ambien. 10/21/14 medical report identifies right shoulder pain 5/10. She is taking metformin, lisinopril, aspirin, anastrozole, hydrocodone, and Lantus. They are all helping. On exam, there is AC joint tenderness with spasm and muscle pain, weakness on overhead reach, and decreased grip strength. She is currently doing acupuncture with benefit with "some less pain and more functional activity." She is seeing pain management and weaning off of narcotics. Recommendations include Ambien, continued acupuncture, and topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, while there is a mention of more functional activity, there is no evidence of specific functional improvement as outlined above. In the absence of such documentation, the currently requested acupuncture is not medically necessary.

**Ambien 10mg at bedtime #30 with 2 refills:** 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 Chapter, Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Insomnia Treatment.

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.

**Amitramadol DM Ultracream 120gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/18180637>.

**Decision rationale:** Regarding the request for Amitramadol DM Ultracream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. CA MTUS notes that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and

they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A search of the National Library of Medicine also revealed that topical amitriptyline was not effective in the treatment of neuropathic pain. Within the documentation available for review, there is no indication of neuropathic pain or another rationale for the use of these topical medications. There is no clear indication for the addition of a topical opioid when the patient is noted to be weaning off of opioids and, as noted above, there is no evidence of efficacy for topical amitriptyline. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Amitramadol DM Ultracream is non-certified.