

<b>Case Number:</b>	CM15-0121654		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/20/2009
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: California, North Carolina  
 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 65 year old male who sustained an industrial injury on 2/20/09. The mechanism of injury was unclear. He currently complains of ongoing right hand pain with allodynia/ hypersensitivity to touch; right neck pain with symptoms of spondylosis and crepitus on range of motion with radicular pain symptoms to his hand; radiating pain to the right upper extremity. Medications were helping to control pain. He has poor sleep quality due to pain. Diagnoses include tear of the rotator cuff, right shoulder; tear or rupture of the distal biceps tendon at the right elbow with deformity; right ulnar neuropathy; status post ulnar nerve transposition with mediocre results; possible reflex sympathetic dystrophy, right upper extremity; probable labral tear, right shoulder; disc bulges C3-4, C5-6, C6-7. Treatments to date include medications; cervical epidural steroid injection (5/16/14) with good relief; psychological therapy; home exercise program. Diagnostics include MRI of cervical spine (10/9/13) showing disc degeneration, right foraminal stenosis; MRI of the upper extremity (10/2/13) labral degeneration and fraying; MRI right elbow (2/16/11) showing post-operative changes, mild perineural fibrosis; MRI right elbow (2/23/09) showing rupture of distal biceps tendon with proximal retraction; electromyography (6/24/09)- abnormal nerve conduction study; electromyography/ nerve conduction studies (10/27/11, 11/28/10) abnormal. In the progress note dated 6/3/15, the treating provider's plan of care includes a Tn2 cream; Belsomra 15 mg as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TN2 cream:** 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): 111-113.

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little evidence to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended. Topical lidocaine is recommended only in the form of a dermal patch. Some formulations of TN2 cream contain both lidocaine and procaine, therefore it is not recommended and not medically necessary.

**Belsomra 15mg #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 (ODG), Pain (Chronic): Insomnia treatment (2015).

**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, insomnia.

**Decision rationale:** The ODG states that "users of Suvorexant (Belsomra) have the potential for sleep driving, as well as preparing and eating food, making phone calls or having sex while not fully awake." It is a controlled substance because it can be abused and lead to dependence. In this case, the medical records submitted do not contain the rationale for the pharmacologic treatment of insomnia. Therefore, the request is deemed not medically necessary.