

Case Number:	CM15-0121913		
Date Assigned:	07/07/2015	Date of Injury:	02/26/1999
Decision Date:	07/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on 2/26/99. Initial complaints were of her left hip and left knee. The injured worker was diagnosed as having pain in joint lower leg. Treatment to date has included physical therapy; sacral and left knee injections; trigger point injections; status post left total knee replacement; bariatric surgery; home health aide; medications. Currently, the PR-2 notes dated 6/3/15 indicated the injured worker complains of left knee pain with severe internal derangement of her knees and left hip. She has had a left total knee replacement and reported the result was not good. She has had physical therapy; sacral and left knee injections and trigger point injections by her orthopedic surgeon. She has also had a gastric bypass surgery so she could proceed with her knee and hip surgeries. The provider notes the injured worker also has lymphedema and a specialist physician recommended lymphedema massage and a referral to a lymphedema clinic where she receives necessary supplies for this diagnosis. For her ongoing lower extremities, she is accompanied by a home care nurse and the injured worker uses a walker with seat and brakes. She also requires follow-ups with a gastroenterologist for her nausea and vomiting symptoms. On physical examination the provider documents significant tenderness and effusion over the right knee. She has swelling and effusion of the left knee with significant tenderness and pain on range of motion. She has bilateral lower extremity pitting with definite shiny skin without weeping. There is noted heme staining present in the bilateral lower extremities. She has pain and tenderness with manipulation of the left hip and has a severely antalgic gait. She has difficulty standing/

walking without assistance. The left hip is painful with range of motion internal and external and tenderness over the hip and pain on standing. The provider is requesting authorization of retrospective request for Ketamine 5% 60 grams, 2 containers, provided on 4/23/15; retrospective request for Doxepin 3.3% 60 grams, 4 containers, provided on 4/23/15 and retrospective request for Zolpidem 10mg #10 provided on 4/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketamine 5% 60 grams, 2 containers, provided on 4/23/15:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: This claimant was injured in 1999. The diagnosis was pain in joint of the lower leg. Treatment to date was physical therapy; sacral and left knee injections; trigger point injections; status post left total knee replacement; bariatric surgery; home health aide; and medications. As of June 2015, there was still left knee pain with severe internal derangement of her knees and left hip. There was significant tenderness and effusion over the right knee. Per the Chronic Pain Medical Treatment Guidelines, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.

Retrospective request for Doxepin 3.3% 60 grams, 4 containers, provided on 4/23/15:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/zonalon.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: As shared, this claimant was injured in 1999. The diagnosis was pain in joint lower leg. Treatment to date has included physical therapy; sacral and left knee injections; trigger point injections; status post left total knee replacement; bariatric surgery; home health aide; and medications. As of June 2015, left knee pain with severe internal derangement of her knees and left hip. There is significant tenderness and effusion over the right knee. Per the Chronic Pain Medical Treatment Guidelines, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. Finally, Doxepin is used for depression, anxiety and insomnia, and the topical application of the substance is not medically logical for a musculoskeletal issue. It is not clear why oral medicines would not be used. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.

Retrospective request for Zolpidem 10mg #10 provided on 4/23/15: 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, Zolpidem (Ambien).

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

Decision rationale: As shared previously, this claimant was injured in 1999. The diagnosis was pain in joint lower leg. Treatment to date has included physical therapy; sacral and left knee injections; trigger point injections; status post left total knee replacement; bariatric surgery; home health aide; and medications. As of June 2015, left knee pain with severe internal derangement of her knees and left hip. There is significant tenderness and effusion over the right knee. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that 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. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long term usage. The medicine was appropriately non-certified. Therefore, the requested treatment is not medically necessary.