

<b>Case Number:</b>	CM13-0031371		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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 patient is a 48-year-old male who reported an injury on 05/22/2008. The patient is currently diagnosed with chronic pain syndrome, pain in the thoracic spine, sleep disturbance, muscle spasm, dysthymic disorder, drug dependence, depressive disorder, and encounter for long-term use of other medication. The patient was seen by [REDACTED] on 08/23/2013. The patient reported persistent lower back pain with activity limitation. The physical examination revealed tenderness to palpation, reduced range of motion, normal muscle strength, and painful range of motion. The treatment recommendations included continuation of current medication, including Sonata, Lidocaine, Omeprazole, Ambien, Oxycodone, Cymbalta, Etodolac, and MS Contin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with activity limitation. Additionally, there is no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Sonata 10mg #30 tablets:** Upheld

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

**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 Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically-supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the documentation submitted, the patient does maintain a diagnosis of sleep disturbance. However, the patient has continuously utilized Ambien 5 mg. The medical necessity for an additional prescription medication in addition to Ambien 5 mg has not been established. There is also no evidence of a failure to respond to non-pharmacologic treatment prior to the initiation of a second prescription product. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.