

<b>Case Number:</b>	CM13-0053638		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 & Rehabilitation 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 61-year-old female who reported an injury on 02/14/2012. The mechanism of injury was noted to be the injured worker was about to sit down when a child behind her pulled her by the leg causing her to fall. The documentation of 10/09/2013 revealed the injured worker had a motor vehicle accident and the injured worker procured a traction unit for herself after the injury. The injured worker was complaining of residual pain from the prior injury. The request was made for Ambien 10 mg and lido patches 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10MG:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation submitted for review failed to indicate the duration for the use of this medication. Additionally,

the request as submitted failed to indicate the quantity and frequency of medication being requested. Given the above, the request for Ambien 10 mg is not medically necessary.

**LIDO PATCHES 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The clinical documentation submitted for review failed to provide proof that the patient had a trial and failure of first-line medication therapy. The clinical documentation submitted for review failed to indicate the duration for the use of this medication. There was the lack of documentation of a trial and failure of a first line medication. The request as submitted failed to indicate a quantity and frequency of Lidoderm patches being requested. Given the above, the request for lido patches 5% is not medically necessary.