

<b>Case Number:</b>	CM13-0057176		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 has a subspecialty in Pain Medicine 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 patient is a 55 year old female who was injured on 12/01/2004. Clinic note dated 10/09/2013 noted the patient to take approximately half a Percocet every other hour during her work. Objective findings were not documented in detail on the examination, nor were the patient's symptomatic complaints. A statement is made that she has intermittent sleep probably because of secondary factors of her mattress being too firm. The Flector patch is documented to have given her great pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN CR 12.5MG #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), Treatment in Workers Compensation, 2013 web-based edition and California MTUS guidelines, web-based edition, [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment and Journal of the American Board of Family Medicine, Guidelines for the Treatment of Primary Insomnia, May, 2004, vol 17, pages 212 - 219

**Decision rationale:** The ODG states Ambien CR is recommended as a first-line medication for insomnia and is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is also indicated for treatment of sleep maintenance and in longer term studies, has been found effective for up to 24 weeks in adults. According to the records I have reviewed, the patient has been taking Ambien CR 12.5 since December 2012 (and lower dosages prior to that time). The request is outside the recommendations of efficacy for this medication and therefore would not be certified.

**FLECTOR PATCHES 1.3% #60:** 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), Treatment in Workers Compensation, 2013 web-based edition and California MTUS guidelines, web-based edition, [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005 NSAIDs and COX-2 Selective Inhibitors, pages 141 - 158

**Decision rationale:** According to the CA MTUS, topical analgesics considered NSAID's, it is not recommended for neuropathic pain as there is no evidence to support its use. Further, the Flector patch is FDA indicated for acute strains, sprains, and contusions and has no documented effect for long term use or chronic, neuropathic pain.