

<b>Case Number:</b>	CM13-0062180		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 patient is a 30-year-old female with a date of injury of 11/06/2012. The listed diagnoses per [REDACTED] are: sprain/strain lumbar region; sprain/strain thoracic region. According to report dated 11/08/2013 by [REDACTED], the patient presents with upper and lower back pain. She also continues to report upper and lower extremity pain that increases with activity. The patient reports she has been having more difficulty sleeping lately and has been using Ambien regularly. The patient continues to work on modified duty and is currently working 4-hour shifts. The medications are helpful in reducing her pain and improving her function. She states that she primarily utilizes capsaicin cream and Lidoderm patches but has been using tramadol ER more recently due to the cold weather. She states tramadol ER does help reduce her pain and improve her function. She is using Flexeril sporadically. There is no physical examination noted. Recommendation is for continuation of Lidoderm patch, Ambien, and capsaicin 0.075% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM 5% PATCH (700MG/PATCH), 2 PATCHES EVERY 12 HOURS, #60:**

Upheld

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

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

**Decision rationale:** The patient presents with continued upper and lower back pain. The treater is requesting Lidoderm patch #60. The MTUS Chronic Pain Guidelines state under lidocaine, "recommended for localized peripheral pain after there has been evidence of trial of first-line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy." Medical records indicate this patient has been using Lidoderm patches since 08/02/2013. Review of medical records from 01/11/2013 to 11/08/2013 does not show evidence of neuropathic pain that is "localized peripheral pain." Furthermore, the treater does not provide any discussion on the efficacy of these patches. The requested Lidoderm patches are not medically necessary and appropriate.

**AMBIEN 5MG, 1 TAB AT BEDTIME AS NEEDED #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia Treatment Section.

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

**Decision rationale:** This patient presents with continued lower and upper back pain. The treater is requesting a refill of Ambien 5 mg q.h.s. as needed for insomnia, #10. The ODG state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the medical records indicate the patient has been prescribed Ambien since 08/16/2013. The ODG do not recommend long-term use of this medication. The request is not medically necessary and appropriate.

**CAPSAICIN 0.075% CREAM, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

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

**Decision rationale:** This patient presents with continued low and upper back pain. The treater is requesting a refill of capsaicin 0.075 cream. The MTUS Chronic Pain Guidelines state the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The MTUS Chronic Pain further state, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Chronic Pain Guidelines allow Capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, the MTUS Chronic Pain Guidelines consider doses that are higher than 0.025% to be

experimental. The requested cream contains 0.075% of capsaicin which is not supported by the MTUS Chronic Pain Guidelines. Therefore the request is not medically necessary and appropriate.