

<b>Case Number:</b>	CM14-0002792		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	03/29/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Orthopedic Surgery, 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 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 33-year-old who is reported to have a date of injury of March 29, 2009. The mechanism of injury is not described. Records indicate she has chronic low back pain and is status post a sacroiliac joint fusion performed on March 29, 2013. The records indicate that the injured worker has undergone postoperative therapy. Current medications include Percocet, Norco, Gabapentin 100mg, and Ambien 10 mg. A previous request for a topical NSAID (non-steroidal anti-inflammatory drug) with lidocaine and Capsaicin cream and Ambien 10 mg was non certified under utilization review dated December 20, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL NSAID, LIDOCAINE, CAPASAICIN CREAM QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule, Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: an unidentified NSAID which may not been approved by the FDA for transdermal use. The request for topical nsaid, lidocaine, capasaicin cream, quantity of one, is not medically necessary or appropriate.

**AMBIEN 10MG #30 qty: #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The submitted records indicate the injured worker has a chronic pain syndrome. The 2013 Official Disability Guidelines, 18th edition does not support the chronic use of Ambien to treat sleep disturbance. Per the 2013 Official Disability Guidelines Ambien should be used for 2 -3 weeks until sleep is normalized and then discontinued. The record provide no exceptional circumstances and medical necessity is not established. The request for Ambien 10 mg, thirty count, is not medically necessary or appropriate.