

Case Number:	CM14-0116624		
Date Assigned:	08/04/2014	Date of Injury:	09/25/2002
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 Occupational 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:

This patient is a 63 y/o female who has developed persistent head aches, low back pain and insomnia subsequent to an injury dated 9/25/2002. She is currently treated with oral analgesics which includes Fioricet and the hypnotic Zolpidem. She has had a left knee total arthroplasty and right knee arthroscopy. Other than medications, no other active treatment is reported. There is no documentation of cognitive behavior therapy for the reported insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30, one HS prn: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Ambien, Zolpidem.

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.

Decision rationale: MTUS Guidelines do not address the issue of long term hypnotic medication use. ODG Guideines do address this issue and recommend short term use whenever possible. However, the Guidelines do not recommend simply discontinuing long term use of

hypnotic medications for chronic insomnia. The Guidelines recommend at least 6 weeks of cognitive behavior therapy (CBT) for insomnia prior to discontinuing medications. There is no evidence that this patient has had Cognitive-Behavioral Therapy (CBT) for chronic insomnia and Guidelines do not recommend discontinued use under these circumstances. The Zolpidem 10mg #30 1hs is medically necessary.

LidoPro topical ointment, 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: MTUS Guidelines are very specific regarding the recommended use of topical Analgesics. They state that if 1 ingredient is not recommended the topical is not recommended. LidoPro is a compounded blend of over the counter products plus 4.5% Lidocaine. Guidelines state that only FDA approved topical Lidocaine is recommend as a patch (Lido-derm) at 5%. There are no unusual circumstances to justify an exception to Guidelines. The Lido-Pro is not medically necessary.