

<b>Case Number:</b>	CM14-0039028		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/06/2004
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 69-year-old gentleman who was reportedly injured on August 6, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 16, 2014, indicates that there are ongoing complaints of low back pain and balance problems. The injured employee is stated to have fallen three or four times. The physical examination demonstrated ambulation with the assistance of a cane. There was tenderness along the lumbar spine with painful and decreased range of motion. There was decreased motor and sensory issues in the left lower extremity although it is not stated where. Lower extremity reflexes were full and equal bilaterally. Pitting edema was noted at both ankles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar sacral fusion and revision as well as acupuncture. A request was made for Terocin patches and Ambien and was not certified in the pre-authorization process on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

**Decision rationale:** Terocin patches are a compound of methyl salicylate, capsaicin, menthol and lidocaine. According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Terocin patches is not medically necessary.

**AMBIEN 10MG #30 REFILL-3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN , ZOLPIDEM ( AMBIEN).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

**Decision rationale:** According to the Official Disability Guidelines, Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. According to the most recent progress note dated may 16 2014, the injured employs not stated as having any issues of insomnia. Furthermore this request is for 30 tablets with three refills which does not indicate short-term usage. For these reasons this request for Ambien is not medically necessary.