

<b>Case Number:</b>	CM14-0041359		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 63 year-old patient sustained an injury on 4/1/09 while employed by [REDACTED]. Request(s) under consideration include Lidocaine 5% Patch #270, times 3 refills (quantity: 1080), Ambien 10mg quantity: 90.00, and Voltaren 1% Gel #100 quantity: 4.00. Conservative care has included medications, chiropractic/physical therapy, modified activities/rest, multiple cervical epidural steroid injections on 8/24/12, 8/7/13, and 1/16/14 to C6-7 and C7-T1, cervical facet injections of C3-6 on 9/27/13, and lumbar epidural steroid injections on 1/21/14. Medications list Norco, Amitriptyline, Ambien, Lidoderm patches, Baclofen. Report of 3/7/14 from the provider noted the patient with less pain post cervical and lumbar epidurals in the neck, arms, low back, and legs, limping has gone, and sleeping better. The patient reported left dorsal lateral wrist pain awaiting authorization for injection (De Quervain's tenosynovitis) and taking Pramipexole for restless leg syndrome with 50% improvement. Physical Exam and Diagnoses noted Cervical and lumbar ROM was 80% of normal; otherwise essentially unchanged. Request(s) for Lidocaine 5% Patch #270 and Ambien 10mg quantity: 90.00 were modified for quantity of #30 and Voltaren 1% Gel #100 quantity: 4.00 was non-certified on 3/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% Patch #270, times 3 refills (quantity: 1080): Upheld**

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

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

**Decision rationale:** This 63 year-old patient sustained an injury on 4/1/09 while employed by [REDACTED]. Request(s) under consideration include Lidocaine 5% Patch #270, times 3 refills (quantity: 1080), Ambien 10mg quantity: 90.00, and Voltaren 1% Gel #100 quantity: 4.00. Conservative care has included medications, chiropractic/physical therapy; modified activities/rest; multiple cervical epidural steroid injections on 8/24/12, 8/7/13, and 1/16/14 to C6-7 and C7-T1; Cervical facet injections of C3-6 on 9/27/13; and lumbar epidural steroid injections on 1/21/14. Medications list Norco, Amitriptyline, Ambien, Lidoderm patches, Baclofen. Report of 3/7/14 from the provider noted the patient with less pain post cervical and lumbar epidurals in the neck, arms, low back, and legs; limping has gone; and sleeping better. Exam showed restricted range of motion in cervical and lumbar spine; otherwise essentially unchanged. Request(s) for Lidocaine 5% Patch #270 was modified for quantity of #30. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidocaine 5% Patch #270, times 3 refills (quantity: 1080) is not medically necessary and appropriate.

**Ambien 10mg quantity: 90.00:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC): ZOLPIDEM (AMBIEN), PAGES 877-878.

**Decision rationale:** This 63 year-old patient sustained an injury on 4/1/09 while employed by [REDACTED]. Request(s) under consideration include Lidocaine 5% Patch #270, times 3 refills (quantity: 1080), Ambien 10mg quantity: 90.00, and Voltaren 1% Gel #100 quantity: 4.00. Conservative care has included medications, chiropractic/physical therapy; modified activities/rest; multiple cervical epidural steroid injections on 8/24/12, 8/7/13, and 1/16/14 to C6-7 and C7-T1; Cervical facet injections of C3-6 on 9/27/13; and lumbar epidural steroid injections on 1/21/14. Medications list Norco, Amitriptyline, Ambien, Lidoderm patches, Baclofen. Report of 3/7/14 from the provider noted the patient with less pain post cervical and lumbar epidurals in the neck, arms, low back, and legs; limping has gone; and sleeping better. Exam showed

restricted range of motion in cervical and lumbar spine; otherwise essentially unchanged. Request(s) for Ambien 10mg quantity: 90.00 was modified for quantity of #30 to assist in the weaning process. Per the ODG, this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10mg quantity: 90.00 are not medically necessary and appropriate.

**Voltaren 1% Gel #100 quantity: 4.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

**Decision rationale:** This 63 year-old patient sustained an injury on 4/1/09 while employed by [REDACTED]. Request(s) under consideration include Lidocaine 5% Patch #270, times 3 refills (quantity: 1080), Ambien 10mg quantity: 90.00, and Voltaren 1% Gel #100 quantity: 4.00. Conservative care has included medications, chiropractic/physical therapy; modified activities/rest; multiple cervical epidural steroid injections on 8/24/12, 8/7/13, and 1/16/14 to C6-7 and C7-T1; Cervical facet injections of C3-6 on 9/27/13; and lumbar epidural steroid injections on 1/21/14. Medications list Norco, Amitriptyline, Ambien, Lidoderm patches, Baclofen. Report of 3/7/14 from the provider noted the patient with less pain post cervical and lumbar epidurals in the neck, arms, low back, and legs; limping has gone; and sleeping better. Exam showed restricted range of motion in cervical and lumbar spine; otherwise essentially unchanged. Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in April 2009. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted poor sleep with unchanged activity level. Clinical exam is without acute changes or report of flare-up for this chronic injury. The Voltaren 1% Gel #100 quantity: 4.00 are not medically necessary and appropriate.