

<b>Case Number:</b>	CM14-0053857		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/25/1999
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 records presented for review indicate that this 45 year-old male was reportedly injured on August 25, 1999. The mechanism of injury is not listed. The most recent progress note, dated March 7, 2014 indicates that there are ongoing complaints of low back and right knee pain. The physical examination demonstrated 5'9", 216 pound individual, who was hypertensive (145/95) was in no acute distress. A single point cane is required for mobility. No specific neurologic findings were identified. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple medications and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97, 16, 18, 56-57, 13. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web) 2014 Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien) pain chapter updated August, 2014.

**Decision rationale:** MTUS/ACOEM does not address; therefore ODG was used. Zolpidem (Ambien) 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 its use for long-term chronic pain. There is no narrative presented why this medication is required indefinitely. As such, this request is not medically necessary.

**Lidoderm (Lidocaine Patch 5%) x 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97, 16, 18, 56-87, 13. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web) 2014 Chronic Pain.

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

**Decision rationale:** MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the limited clinical documentation provided, the claimant has ongoing complaints of pain and there is no noted efficacy or utility with the utilization of this preparation. As such, the request is not medically necessary.