

<b>Case Number:</b>	CM14-0062225		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/02/2000
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 67-year-old male with a 12/2/00 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/5/14, the patient stated that his analgesia was adequate. The use of his medications has improved his quality of life and increased overall daily functioning. Objective findings: restricted lumbar spine ROM, normal lower extremity strength, painful sacroiliac joint, normal gait. Diagnostic impression: sacroiliitis, lower back pain, neck pain. Treatment to date: medication management, activity modification. A UR decision dated 4/10/14 denied the requests for Flector patch and Lidoderm patch and modified the request for Ambien to 20 tablets for weaning purposes. Regarding Flector patch, the guidelines do not support the use of Flector patch for the treatment of the spine. There is no data that substantiate Flector efficacy beyond two weeks. Regarding Lidoderm, it is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Regarding Ambien, guidelines do not support the long term, chronic use of sleep aids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3 percent transdermal patch, 1 patch qd:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain Chapter - Flector PatchX Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch).

**Decision rationale:** MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. There is no documentation that the patient has failed a trial of oral NSAIDs. In addition, there is no documentation that the patient is suffering from osteoarthritis, an acute strain/sprain, or contusions. Furthermore, guidelines only support the use of Flector patches over a 2-week period, and the patient has been utilizing Flector patches since at least 9/18/13, if not earlier. Therefore, the request for Flector 1.3 percent transdermal patch, 1 patch qd is not medically necessary.

**Ambien 10 mg 1 tab po qhs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain Chapter, AmbienX Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

**Decision rationale:** The CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. According to the reports reviewed, the patient has been taking Ambien since at least 9/18/13, if not earlier. Guidelines do not support the long-term use of Ambien. There is no documentation that the provider has addressed proper sleep hygiene with the patient. Therefore, the request for Ambien 10 mg 1 tab po qhs is not medically necessary.

**Lidoderm 5 percent (700 mg/patch) 1 patch qd:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

**Decision rationale:** CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a

trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, the quantity of patches requested was not noted. Therefore, the request for Lidoderm 5 percent (700 mg/patch) 1 patch qd is not medically necessary.