

<b>Case Number:</b>	CM14-0202987		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 64 year old male with an injury date of 10/01/08. Based on the 10/29/14 progress report provided by treating physician, the patient complains of pain in the lower back and left foot rated 7/10 with a burning, aching quality and intermittent numbness to the left foot. Patient is status post L5-S1 discectomy and double hernia repair. Physical examination 10/14/14 revealed a well healed surgical scar on the lumbar spine, and tenderness to palpation in the region, difficulty toe walking and squatting. Noted limb signs of S1 weakness (everter muscles in the ankle down by one grade), diminished touch and pin sensitivity about the lateral and medial borders of the left forefoot, mildly positive sciatic stretch sign on the left foot which elicits pain, and pain on palpation to the sciatic notch. The patient is currently prescribed Norco, Omeprazole, and Lidoderm patches. Diagnostic imaging was not provided. Patient is retired. Diagnosis 10/29/14- Lumbar degenerative disc disease with intractable low back pain secondary to industrial injury. - Worsening left lower extremity radiculopathy secondary to industrial injury- RST of the left lower extremity secondary to industrial injury - Insomnia secondary to pain sequela to industrial injury - Depression secondary to chronic pain sequela to industrial injury- Situational stress – Anxiety Diagnosis 11/29/14 - Lumbar degenerative disc disease with intractable lower back pain - Left Lower extremity radiculopathy worsening - Reflex sympathetic dystrophy left lower extremity – Insomnia – Depression - Situational stress- Anxiety. The utilization review determination being challenged is dated 11/11/14. The rationale follows: 1) Ambien: "ODG recommends against the use of Ambien, stating that if this is utilized it should be for no more than 2-6 weeks and there first should be an assessment of sleep hygiene and treatment of the cause. 2) Voltaren Gel: "There is no evidence, per guidelines, that topical NSAIDS provide any more benefit over the use of oral NSAIDS and the use of topical Diclofenac, Voltaren Gel, is not supported for musculoskeletal spinal pain and is

supported for use only short- term."3) Gabapentin/Ketoprofen/Lidocaine: "The use of Ketoprofen as a topical agent is not supported by the FDA or any guidelines.. Lidocaine topically is supported only for localized neuropathic pain and only as a patch.. There is no MTUS support for the use of any topical formulation with gabapentin." Treatment reports were provided from 05/20/14 to 11/29/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Chapter

**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) Chapter, Zolpidem (Ambien)

**Decision rationale:** The patient presents with pain in the lower back and left foot rated 7/10 with a burning, aching quality and intermittent numbness to the left foot. Patient is status post L5-S1 discectomy and double hernia repair. The request is for Ambien 10mg #30. Physical examination 10/14/14 revealed a well healed surgical scar on the lumbar spine, and tenderness to palpation in the region, difficulty toe walking and squatting. Noted limb signs of S1 weakness (everter muscles in the ankle down by one grade), diminished touch and pin sensitivity about the lateral and medial borders of the left forefoot, mildly positive sciatic stretch sign on the left foot which elicits pain, and pain on palpation to the sciatic notch. The patient is currently prescribed Norco, Omeprazole, and Lidoderm patches. Diagnostic imaging was not provided. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Per progress report dated 10/29/14, the patient complains of difficulty sleeping and frequent waking during the night owing to his severe lower back and foot pain. In this case, medical records indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia, however, the treater is requesting 10mg #30. Furthermore, per records provided, the treating physician does not examine or discuss patient's sleep hygiene as suggested by ODG guidelines. Therefore, this request is not medically necessary.

**Voltaren Gel 1% #1 with 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The chronic pain section states the following regarding topical analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with pain in the lower back and left foot rated 7/10 with a burning, aching quality and intermittent numbness to the left foot. Patient is status post L5-S1 discectomy and double hernia repair. The request is for Voltaren Gel 1% #1 with 3 refills. Physical examination 10/14/14 revealed a well healed surgical scar on the lumbar spine, and tenderness to palpation in the region, difficulty toe walking and squatting. Noted limb signs of S1 weakness (everter muscles in the ankle down by one grade), diminished touch and pin sensitivity about the lateral and medial borders of the left forefoot, mildly positive sciatic stretch sign on the left foot which elicits pain, and pain on palpation to the sciatic notch. The patient is currently prescribed Norco, Omeprazole, and Lidoderm patches. Diagnostic imaging was not provided. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents." Regarding topical NSAIDS, MTUS page 111-112 states: "There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: not recommended as there is no evidence to support use." Topical NSAIDs are recommended for peripheral joint arthritis/tendinitis problems. While progress reports do indicate that the patient does in fact suffer from intractable pain uncontrolled by opiates and other medications, there is no established MTUS recommendation for the use of Voltaren Gel (diclofenac) for the treatment of chronic neuropathic pain. The patient does present with foot problem for which topical NSAID may be indicated, but the treater does not discuss how this medication is being used and with what efficacy. The requested Voltaren Gel (Diclofenac) is not medically necessary.

**Gabapentin 7 Mg/Ketoprofen 10 Mg /Lidocaine 5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The chronic pain section states the following regarding topical analgesics. Page(s): 111-113.

**Decision rationale:** The patient presents with pain in the lower back and left foot rated 7/10 with a burning, aching quality and intermittent numbness to the left foot. Patient is status post L5-S1 discectomy and double hernia repair. The request is for Gabapentin 7mg/ Ketoprofen 10mg/ lidocaine 5%. Physical examination 10/14/14 revealed a well healed surgical scar on the lumbar spine, and tenderness to palpation in the region, difficulty toe walking and squatting. Noted limb signs of S1 weakness (everter muscles in the ankle down by one grade), diminished touch and pin sensitivity about the lateral and medial borders of the left forefoot, mildly positive sciatic stretch sign on the left foot which elicits pain, and pain on palpation to the sciatic notch. The patient is currently prescribed Norco, Omeprazole, and Lidoderm patches. Diagnostic imaging

was not provided. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents." Regarding topical Gabapentin, MTUS page 112 states: "Not recommended, there is no peer reviewed literature to support use." Regarding topical NSAIDS, MTUS page 111-112 states: "There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: not recommended as there is no evidence to support use." Regarding topical lidocaine, MTUS page 112 states "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." While progress reports do indicate that the patient does in fact suffer from intractable neuropathic pain uncontrolled by opiates and other medications, there is no established MTUS recommendations for the use of topical Gabapentin, Topical Ketoprofen, nor Topical lidocaine (only allowed in a patch formulation) for the treatment of chronic neuropathic pain. Therefore, this request is not medically necessary.