

<b>Case Number:</b>	CM15-0019210		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female who reported an injury on 07/14/2003. The mechanism of injury was repetitive motion. Her past treatments have included physical therapy, acupuncture, topical analgesics, use of a TENS unit, activity modification, hand therapy, aquatic therapy, thoracic outlet program therapy, Botox injections, use of a hand splint, participation in a functional restoration program, and medications. Her symptoms were noted to include pain in her neck and upper extremities. Physical examination findings include diffuse tenderness and hypersensitivity over her neck and upper extremities with normal motor strength and sensation. Her diagnoses include repetitive strain injuries to the neck and bilateral upper extremities with myofascial pain syndrome, bilateral carpal tunnel syndrome, degenerative cervical disc disease, chronic pain syndrome, and chronic back pain with radicular symptoms. Her medications are noted to include Ambien 10 mg at bedtime, Cymbalta 30 mg twice a day, Lyrica 550 mg daily, Mobic 7.5 mg 1 to 2 per day, Prilosec 20 mg 2 daily, and Norco 5/325 mg 2 daily. Requests were received for lidocaine ointment 5% and zolpidem 10 mg; however, rationale for these requests was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine ointment 5% QTY: 141.76 with 3 refills: Upheld**

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

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

**Decision rationale:** According to the California MTUS Guidelines, topical lidocaine is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain. However, no other commercially approved topical formulations of lidocaine such as creams, lotions, and gels, are indicated for neuropathic pain at this time. The clinical information submitted for review indicated that the injured worker does have chronic neck and upper extremity pain of a neuropathic nature. However, as the guidelines do not recommend lidocaine other than in the formulation of the brand Lidoderm patch, the request for lidocaine ointment is not supported. In addition, instructions for use to include frequency and body region for use were not included with the request. Moreover, the request for 3 refills would not allow for adequate reassessment prior to continuing with this treatment. For these reasons, the request is not medically necessary.

**Zolpidem 10mg QTY: 30.00 with 4 refills:** 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 Official Disability Guidelines (ODG), Pain.

**Decision rationale:** According to the Official Disability Guidelines, zolpidem is recommended for the short term treatment of insomnia. However, long term use is not recommended due to its risk for significant adverse effects and overall decrease in function. The injured worker was noted to have been utilizing zolpidem for sleep since at least 08/21/2014. Therefore, she has exceeded the maximum duration of use recommended by the guidelines. Therefore, continued use would not be supported. In addition, the request as submitted did not indicate a frequency and the request for 4 refills would far exceed the guidelines recommendation for short term use and fail to allow for adequate reassessment prior to continuing with this treatment. For these reasons, the request is not medically necessary.