

<b>Case Number:</b>	CM15-0142410		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/20/1991
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 female with a May 20, 1991 date of injury. A progress note dated May 20, 2015 documents subjective complaints (frequent moderate to 7 out of 10 sharp cervical spine pain radiating to the bilateral shoulders and left hand; frequent moderate to 8 out of 10 achy lumbar spine pain radiating to the left leg and ankle; constant moderate to 6 out of 10 stabbing right knee pain; constant moderate to 7 out of 10 achy, sharp left knee pain), objective findings (grip strength testing causes pain at the left wrist; decreased and painful range of motion of the cervical spine; decreased and painful range of motion of the lumbar spine; Kemp's causes pain; straight leg raise causes pain bilaterally; painful range of motion of the right knee; painful range of motion of the left knee; McMurray's causes pain bilaterally; Apley's compression causes pain bilaterally), and current diagnoses (nerve root compromise; cervical disc bulge; cervical disc displacement; cervical pain; cervical stenosis; lumbar disc displacement; lumbar facet hypertrophy; lumbar sprain or strain; right knee medical meniscus tear; left knee medical meniscus tear). Treatments to date have included medications, cervical spine surgery, and imaging studies. The treating physician documented a plan of care that included Ambien 5 mg #45 and Flector patches 1.3% #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #45: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter) FDA (Ambien).

**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), (updated 07/10/14), Insomnia Medications.

**Decision rationale:** The requested Ambien 5mg #45, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The treating physician has documented subjective complaints (frequent moderate to 7 out of 10 sharp cervical spine pain radiating to the bilateral shoulders and left hand; frequent moderate to 8 out of 10 achy lumbar spine pain radiating to the left leg and ankle; constant moderate to 6 out of 10 stabbing right knee pain; constant moderate to 7 out of 10 achy, sharp left knee pain), objective findings (grip strength testing causes pain at the left wrist; decreased and painful range of motion of the cervical spine; decreased and painful range of motion of the lumbar spine; Kemp's causes pain; straight leg raise causes pain bilaterally; painful range of motion of the right knee; painful range of motion of the left knee; McMurray's causes pain bilaterally; Apley's compression causes pain bilaterally). The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 5mg #45 is not medically necessary.

**Flector patch 1.3% #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page(s): 111-112, 68-69.

**Decision rationale:** The requested Flector patch 1.3% #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The treating physician has documented subjective complaints (frequent moderate to 7 out of 10 sharp cervical spine pain radiating to the bilateral shoulders and left hand; frequent moderate to 8 out of 10 achy lumbar spine pain radiating to the left leg and ankle; constant moderate to 6 out of 10 stabbing right knee pain; constant moderate to 7 out of 10 achy, sharp left knee pain), objective findings (grip strength testing causes pain at

the left wrist; decreased and painful range of motion of the cervical spine; decreased and painful range of motion of the lumbar spine; Kemp's causes pain; straight leg raise causes pain bilaterally; painful range of motion of the right knee; painful range of motion of the left knee; McMurray's causes pain bilaterally; Apley's compression causes pain bilaterally). The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flector patch 1.3% #90 is not medically necessary.