

<b>Case Number:</b>	CM15-0192309		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

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 36 year old female who sustained an industrial injury 07-08-11. A review of the medical records reveals the injured worker is undergoing treatment for knee pain and pain in the joint lower leg. Medical records (09-08-15) reveal the injured worker complains of left knee pain, rated at 8/10 without medications, and 4/10 with medications, unchanged from 07-22-15. The physical exam (09-08-15) reveals a slowed gait, bow leg deformity, and restricted range of motion of the left knee, as well as tenderness to palpation over the lateral and medial joint lines. Prior treatment includes medications, injections, a knee brace, and topical pain medications. The original utilization review (09-17-15) non-certified the request for unknown quantities Flector and Ambien. The documentation supports that the treating provider trialed the injured worker on Ambien on 07-22-15 after the Lunesta was denied by utilization review. Flector was also trialed on 07/22/15 without explanation. The injured worker has previously used Lidocaine and Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Capsaicin, topical, Ketamine, Lidoderm (lidocaine patch), Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in July 2011 when she had left knee pain when arising from a wheeled chair. She underwent left knee arthroscopic surgery with a partial medial meniscectomy and chondroplasty in May 2012. In March 2015, medications included Lidoderm, Dilaudid, and Lunesta. When seen, authorization for Lidoderm and Lunesta had been denied. Medications were decreasing pain from 8/10 to 4/10. She had fair of sleep. Physical examination findings included a slow gait with use of a soft knee brace. There was decreased and painful left knee range of motion with varus alignment. There was joint line tenderness. A trial of Ambien and Flector was started. The claimant's past medical history is that of hypertension and diabetes. She has moderate left knee osteoarthritis. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, if a topical NSAID was being considered, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment. Flector is not medically necessary.

**Ambien:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain, Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in July 2011 when she had left knee pain when arising from a wheeled chair. She underwent left knee arthroscopic surgery with a partial medial meniscectomy and chondroplasty in May 2012. In March 2015, medications included Lidoderm, Dilaudid, and Lunesta. When seen, authorization for Lidoderm and Lunesta had been denied. Medications were decreasing pain from 8/10 to 4/10. She had fair of sleep. Physical examination findings included a slow gait with use of a soft knee brace. There was decreased and painful left knee range of motion with varus alignment. There was joint line tenderness. A trial of Ambien and Flector was started. The claimant's past medical history is that of hypertension and diabetes. She has moderate left knee osteoarthritis. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It

can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. Lunesta had been prescribed previously also without an adequate assessment of the claimant's insomnia. Prescribing Ambien is not medically necessary.