

<b>Case Number:</b>	CM15-0223334		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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:

This is a 35 year old female with a date of injury of May 5, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for post traumatic headaches, right facial numbness, and jaw pain. A Qualified Medical Evaluation dated October 14, 2015 indicate that the injured worker complained of headaches, right facial numbness, dizziness, neck pain, bilateral shoulder pain, lower back pain radiating to the buttocks, sleep difficulties, and cognitive issues. A progress note dated October 19, 2015 documented that the injured worker was having difficulty getting medications. Per the treating physician (October 19, 2015), the employee was temporarily totally disabled. The Qualified Medical Evaluation documented a physical examination that showed use of a cane, decreased attention span, decreased sensation of the right face, decreased sensation of the bilateral lower extremities, tenderness of the bilateral shoulders, cervical more than lumbar spine tenderness, and sacral tenderness. No other physical examination was documented in the submitted records. Treatment has included medications (Ambien, Zofran, and Lidocaine patches since at least April of 2015; Midrin, Naprosyn, Meclazine, and Prilosec). The utilization review (November 9, 2015) non-certified a request for Ambien 10mg #30, Zofran #90, and Lidocaine patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg #30:** 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.

**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 May 2011 when she was struck on the side of her face and head by a heavy mirror that fell. She was seen for psychiatric evaluation in November 2011. Diagnoses included depression, anxiety, and insomnia secondary to pain. A sleep study had been done in September 2011 but she had not received the results. In June 2015, she was being treated for back and neck pain with inflammation, headaches, nausea, vomiting, migraines, and sleep apnea. Meclizine, Lidoderm, Zofran, Ambien, naproxen, and Midrin were being prescribed. When seen by the requesting provider in October 2015 her condition was unchanged. She was receiving treatment for a foot injury on a nonindustrial basis. No physical examination was recorded. Authorization is being requested for Ambien, and Zofran, and Lidoderm. 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. In this case, the claimant has diagnoses of sleep apnea, depression, and anxiety and insomnia is also being attributed to pain. Further treatment of these conditions would be the expected management. Medication or stimulant side effects, restless legs syndrome, and cardiac and pulmonary conditions, if present, should also be identified and could be treated directly. The request for Ambien is not medically necessary.

**Zofran #90:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zofran prescribing information.

**Decision rationale:** The claimant sustained a work injury in May 2011 when she was struck on the side of her face and head by a heavy mirror that fell. She was seen for psychiatric evaluation in November 2011. Diagnoses included depression, anxiety, and insomnia secondary to pain. A sleep study had been done in September 2011 but she had not received the results. In June 2015, she was being treated for back and neck pain with inflammation, headaches, nausea, vomiting, migraines, and sleep apnea. Meclizine, Lidoderm, Zofran, Ambien, naproxen, and Midrin were being prescribed. When seen by the requesting provider in October 2015 her condition was unchanged. She was receiving treatment for a foot injury on a nonindustrial basis. No physical examination was recorded. Authorization is being requested for Ambien, and Zofran, and Lidoderm. Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment and for postoperative use and in the acute treatment of gastroenteritis. In this case, the claimant does not have any of these indications. She is not taking an opioid medication. Medications include naproxen, which may be causing gastritis. Another etiology for her symptoms should be sought. Ongoing prescribing is not medically necessary.

**Lidocaine patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

**Decision rationale:** The claimant sustained a work injury in May 2011 when she was struck on the side of her face and head by a heavy mirror that fell. She was seen for psychiatric evaluation in November 2011. Diagnoses included depression, anxiety, and insomnia secondary to pain. A sleep study had been done in September 2011 but she had not received the results. In June 2015, she was being treated for back and neck pain with inflammation, headaches, nausea, vomiting, migraines, and sleep apnea. Meclizine, Lidoderm, Zofran, Ambien, naproxen, and Midrin were being prescribed. When seen by the requesting provider in October 2015 her condition was unchanged. She was receiving treatment for a foot injury on a non-industrial basis. No physical examination was recorded. Authorization is being requested for Ambien, and Zofran, and Lidoderm. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.