

<b>Case Number:</b>	CM15-0041411		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	05/27/2004
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 was a 62 year old female, who sustained an industrial injury, May 27, 2004. The injured worker previously received the following treatments Percocet, surgery, x-rays, Soma, Clonazepam, Terocin patches, Lidoderm patches and Ambien. The injured worker was diagnosed with lumbago, failed back surgery, postlaminectomy syndrome lumbar, thoracic and lumbosacral radicular syndrome, sacroilitis, insomnia and hip bursitis. According to progress note of February 3, 2015, the injured workers chief complaint was back pain with radicular pain extending to the feet. The injured wore rated the pain at 6 out of 10; 0 being no pain and 10 being the worse pain. The pain was affecting the injured workers quality of life. The injured worker was currently taking Percocet for pain, 1 tablet 4 times a day, with a 40% reduction of pain. The injured worker was taking 1 mg half a tablet every day as needed for anxiety with benefit. The injured worker was taking Ambien at hour of sleep with benefit, the injured worker was sleeping 3 hours longer. The physical exam noted tenderness over the lumbosacral area, with decreased range of motion. The straight leg raises were positive bilaterally. There was tenderness noted at the sacroiliac joint. The treatment plan included long-term use of current medications.

### 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 Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- insomnia and pg 64.

**Decision rationale:** Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. The claimant had been on Ambien for over 6 months. Long-term use increases morbidity and mortality. Continued use of Ambien is not medically necessary.

**Lidoderm Patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on topical medications including prior Terocin use of the past 6 months along with oral opioids. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.