

<b>Case Number:</b>	CM14-0115900		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/23/2008
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45 year old female with a date of injury of 7/23/2008. She injured her back and neck while bending over at work. She subsequently developed left upper extremity pain and was diagnosed with carpal tunnel syndrome. She had a carpal tunnel release surgery but the left upper extremity pain worsened. Ultimately, she was diagnosed with chronic regional pain syndrome. She has also had severe psychiatric issues ranging from depression with suicidality, generalized anxiety disorder, panic disorder, and disordered sleep. She takes a variety of medications including the anti-convulsants Lyrica, the muscle relaxant Skelaxin, the Benzodiazepine Clonazepam, the mood stabilizer Olanzapine, the opioid Kadian, daily Ambien for sleep since at least 1-22-2014, and Terocin lotion with lidocaine to be used topically wherever she has pain. The physical exam reveals a depressed mood, a temperature differential between the upper extremities, and collapsing weakness of the upper extremities without signs of atrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg Qty:15 with 1 refill:** 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), Mental Illness and Stress, Zolpidem (Ambien)

**Decision rationale:** Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. In this instance, the injured worker has been prescribed Ambien for a period which exceeds the recommendations. Additionally, she describes increasing forgetfulness, a known side effect of Ambien. Lastly, her depression is worsening which is concerning in view of her suicidality. Therefore, Ambien #15, 10 mg with one refill, is not medically necessary.

**Terocin 0.025% 25% 25% 10% lotion:** Upheld

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

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

**Decision rationale:** Topical lidocaine is indicated for localized peripheral pain after a trial with a tricyclic antidepressant or an anti-epilepsy drug. The only approved formulation for topical use comes in the form of a patch. The guidelines state that any compound containing a non-recommended ingredient is itself not recommended. Because Terocin 0.025% 25% 25% 10% lotion contains lidocaine in non-patch form, the entire compound is therefore not medically necessary. In addition, the agreed medical examiner could find no meaningful pathology at the site of application, the back.