

<b>Case Number:</b>	CM14-0154383		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 California. 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:

This is a 54-year-old female patient who reported an industrial injury on 5/17/2011, over three (3) years ago, attributed to the performance of her usual and customary job tasks. The patient complained of persistent right ankle and foot pain. There was also pain to the left ankle and foot. The objective findings on examination included diffuse tenderness to palpation of the right ankle and skin color changes on the right foot; normal pulses. The treating diagnoses included Achilles tendinitis and multifocal myofascial pain. The patient was returned to modified work. The patient was prescribed Menthoderm 120 g; ibuprofen 800 mg #90; Ambien 6.25 mg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 6.25mg #15:** 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, Zolpidem (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 Chapter-- insomnia and Zolpidem Other Medical Treatment Guideline or Medical Evidence: Disciplinary Guidelines for the general practice of medicine

**Decision rationale:** Zolpidem/Ambien 6.25 mg #15 is recommended only for the short-term treatment of insomnia for two to six weeks. The Zolpidem/Ambien 6.25 mg has been prescribed to the patient for a prolonged period of time. The use of Zolpidem or any other sleeper has exceeded the ODG guidelines. The prescribing physician does not provide any rationale to support the medical necessity of Zolpidem for insomnia or documented any treatment of insomnia to date. The patient is being prescribed the Zolpidem for insomnia due to chronic pain simply due to the rationale of chronic pain without demonstrated failure of OTC remedies. There is no provided subjective/objective evidence to support the use of Zolpidem 6.25 mg over the available OTC remedies. The patient has exceeded the recommended time period for the use of this short-term sleep aide. There is no demonstrated functional improvement with the prescribed Zolpidem/Ambien. There is no documentation of alternatives other than Zolpidem have provided for insomnia or that the patient actually requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. The CA MTUS and the ACOEM Guidelines are silent on the use of sleeping medications. The Official Disability Guidelines (ODG) does not recommend the use of benzodiazepines in the treatment of chronic pain. Zolpidem is not a true benzodiazepine; however, retains some of the same side effects and is only recommended for occasional use and not for continuous nightly use. There is no medical necessity for the prescribed Zolpidem 6.25 mg #15.

**Menthoderm 120gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105 and 111.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter topical analgesics, topical analgesic compounded

**Decision rationale:** The prescription for Menthoderm topical gel 120 g (Methyl Salicylate 15.0% Analgesic and Counterirritant) is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted with the billing to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with

NSAIDS. The request for Mentherm topical gel 120 g is not medically necessary for the treatment of the patient for the diagnosis of reported chronic pain. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription is accompanied with a state of medical necessity by the vendor which states, "compounded medications are not absorbed by the stomach so they do not cause any of the dangerous side effects that may be experienced by taking medications orally (ie damage to the liver and kidneys)." In fact, medications that are transdermal or oral enter the blood stream and are ultimately broken down in the liver or kidneys. The breakdown of the prescribed topical medication still occurs in the kidneys and liver. "Compounded medications are absorbed through the skin so less medication enters the blood stream. The benefit of this is that there is reduced chance of building tolerance to drugs thereby curbing any potential addiction to medication." There is no objective evidence to support this contention and high serum levels can be achieved through transdermal applications. The serum levels can be similar and have the same propensity towards tolerance. "