

<b>Case Number:</b>	CM14-0168682		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	09/03/2002
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 51 year old female patient who sustained a work related injury on 9/3/2002. Patient sustained the injury when she was retrieving documents from the lower desk drawer. The current diagnoses include status post L4 through S1 decompression surgery; severe L4-5 and LS-S1 disc disease and left S1 enhancing perineural scar tissue with bilateral foraminal narrowing; status post lumbar spine spinal cord stimulator implant; left lumbar facet syndrome and reactive depression. Per the doctor's note dated 9/8/2014, patient has complaints of low back and left lower extremity pain. Physical examination revealed no apparent distress, cognitively intact, normal gait, 5/5 strength, normal sensation in bilateral lower extremities, negative bilateral straight leg raise test. Psychiatric Evaluation on January 20, 2012 revealed she was not working and not looking for work, emotional distress with moodiness, lack of interest in things around her and feelings of desperation. The medication lists include Lexapro, Medrox patches, Ambien, OxyContin, Vicodin, Motrin, Flexeril, Menthoderm, Lidocaine patches and Norco. The patient has had thoracic CT scan on 12/03/12 that revealed mild degenerative changes, mild narrowing of the anterior aspect of the spinal canal at T5-T6 and T8-T9 from minor endplate hypertrophic change, dextrosciosis upper thoracic region, moderate-to-severe diffuse disc height loss and moderate endplate osteophytes in the mid upper thoracic region. The patient has had spinal cord stimulator. The patient's surgical histories include L4 through S1 decompression surgery on 11/11/2010 and spinal cord stimulator implant. The patient has had Epidural Injections on 4/2008 and trigger point injection on 12/2007. The patient has received an unspecified number of the PT visits, Acupuncture, and Chiropractic visits for this injury. He has had a urine drug toxicology report on 11/04/13 that was positive for hydrocodone and oxycodone, negative for benzodiazepines and illicit drugs. The patient has used a TENS unit for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Medrox patches #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound Medicine; regarding Medrox patches.

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

**Decision rationale:** MEDROX contains methyl salicylate, menthol, capsaicin ointment. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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.... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....."There was no evidence in the records provided that the pain is neuropathic in nature. The records provided did not specify that trials of antidepressants and anticonvulsants have failed.Any intolerance or lack of response of oral medications was not specified in the records provided. Any evidence that the patient had not responded or intolerant to other treatments was not specified in the records provided In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, and Chronic pain treatment guidelines.The request for Medrox patches #30 is not fully established for this patient.

### **1 prescription of Ambien CR 12.5mg #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; regarding Insomnia Treatment: 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) Chapter PAIN date; 11/14/13 Zolpidem

**Decision rationale:** Ambien is a short-acting nonbenzodiazepine hypnotic.The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized.According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia."A recent detailed history of anxiety or insomnia was not specified in the records provided.Any trial of other measures for treatment of insomnia is not specified in the records provided.Per the records provided, the date of injury is approximately 12 years ago. A recent detailed evaluation by a psychiatrist for stress related conditions is not specified in the

records provided. Per the cited guideline use of the Ambien can be habit-forming, and it may impair function and memory more than opioid pain relievers. The request for Ambien CR 12.5mg #30 is not fully established for this patient.