

<b>Case Number:</b>	CM14-0094192		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/27/2005
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old female was reportedly injured on July 27, 2005. The mechanism of injury was noted as falling off a stool onto the floor and hitting her left knee and forearm. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of neck pain radiating to the right upper extremity as well as lumbar spine pain radiating to both lower extremities on the right greater than the left side. There was also a complaint of left knee pain. Current medications include Pepcid, Ambien, Lidoderm patches, and Motrin. The physical examination demonstrated tenderness of the cervical and lumbar spine and decreased spinal range of motion. There was a normal upper and lower extremity neurological examination. There was tenderness of the left knee and full left knee range of motion. Diagnostic imaging studies of the lumbar spine revealed multilevel disc bulges and a retrolisthesis at L4-L5. Previous treatment included physical therapy, epidural steroid injections, chiropractic care, and oral medications. A request had been made for Ambien, Lidoderm patches, and Pepcid and was not certified in the pre-authorization process on June 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 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 (ODG) Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 10/06/14).

**Decision rationale:** Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. A review of the medical records indicates that this medication has been prescribed for an extended period of time. As such, this request for Ambien is not medically necessary.

**Lidoderm patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review of the available medical records fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request for lidocaine patches is not medically necessary.

**Pepcid 20mg BID #60:** 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) H2 blocker

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>

**Decision rationale:** Pepcid is a medication in a class called H2 blockers, which are indicated to treat ulcers, gastroesophageal reflux and other gastrointestinal issues due to stomach acidity. A review of the medical records does not indicate that the injured employee has any these conditions. As such, this request for Pepcid is not medically necessary.