

<b>Case Number:</b>	CM14-0098075		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 52 year old female with complaints of right knee pain, right lower extremity pain, left ankle pain. The date of injury is 4/6/09 and the mechanism of injury is not elicited. At the time of request for the following: 1. zolpidem 5mg #30 2. hydrocodone/APAP 10/325 #240 3. lidocaine pad 5% #60, there is subjective (right knee pain, right lower extremity pain, left ankle pain, low back pain) and objective (swelling knee, pain hypersensitivity, antalgic gait walks with cane) findings, imaging findings (MRI left foot increased signal intensity plantar fascia, left ankle MRI shows tear posterior tibial tendon and plantar fascia), diagnoses (chronic pain, abnormal gait, RSD, pain in joint ankle and foot, stress fracture of tibia/fibula, patellar tendonitis, plant fasciitis of left foot) and treatment to date (medications, physical therapy, lumbar sympathetic blocks, surgery foot ankle, CAM walker boot). Zolpidem is recommended only for short term treatment of insomnia. As there is no clear diagnosis as to the etiology of sleep disorder and after review of the records appears to be circumstantial to chronic pain. Pain Specialists, rarely if ever, recommend them for long term use. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tab 5MG Day Supply: 30 QTY: 30 Refills:0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Zolpidem>

**Decision rationale:** Per ODG Evidence Based Decision Guidelines, Zolpidem is recommended only for short term treatment of insomnia. As there is no clear diagnosis as to the etiology of sleep disorder and after review of the records appears to be circumstantial to chronic pain. Pain Specialists, rarely if ever, recommend them for long term use. Therefore, this medication is not medically necessary.

**Hydroco/APAP tab 10-325mg Day Supply:30 QTY:240 refills: 0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information unfortunately, it is my opinion that the request for hydrocodone/APAP 10/325 #240 is not medically necessary.

**Lidocaine PAD 5% Day Supply: 30 QTY: 60 Refills:0: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(Lidocaine patch) Page(s): 55-56.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. As there is documentation of a failed

trial with anti-epileptics and functional improvement on Lidoderm, it is my opinion that this medication is medically necessary.