

<b>Case Number:</b>	CM14-0085330		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 49-year-old who has filed a claim for chronic shoulder, foot, ankle, and mid back pain reportedly associated with an industrial injury of July 8, 2009. In a Utilization Review report dated May 14, 2014, the claims administrator failed to approve requests for Ambien and Flector patches. The claims administrator referenced an office visit of May 1, 2014 in its determination. The applicant's attorney subsequently appealed. On May 1, 2014, the applicant reported ongoing complaints of foot, ankle, knee, and mid back pain, 6/10, essentially unchanged. The applicant stated that his functionality had stayed the same. The applicant had apparently started a new job, it was reported. The applicant's medication list included OxyContin, oxycodone, quazepam, Soma, Valtrex, Voltaren gel, Ativan, and Imitrex, it was acknowledged. Toward the bottom of the report, the applicant was given refills of OxyContin, oxycodone, Soma, Ambien, and Flector patches. The attending provider stated toward the bottom of the report that the applicant's medication lists were ameliorating his pain scores and allowing him to maintain full-time work status. It was stated that the applicant was using Ambien for insomnia. In a March 18, 2014 progress note, it was again noted that the applicant was using OxyContin, oxycodone, quazepam, Soma, Valtrex, Voltaren gel, Ativan, Sumavel, Flector patches, and Ambien, the latter of which was being employed for insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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: Mental Illness & Stress and Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant had been using Ambien for a minimum of several months, i.e., using Ambien in an amount, quantity, and duration in excess of the FDA label. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence which would support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

**Flector Patch 1.5% for Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Updated 04/10/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** Similarly, the request for topical Flector patches was likewise not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical diclofenac/Voltaren has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators were, in fact, the mid back (AKA thoracic spine) and shoulder, i.e., body parts for which topical Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including OxyContin, oxycodone, etc., effectively obviated the need for the Flector (Voltaren) patches in question. Therefore, the request was not medically necessary.