

<b>Case Number:</b>	CM15-0173280		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/25/2009
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 39 year old female who sustained an industrial injury October 25, 2009. According to a treating physician's office noted dated June 12, 2015, the injured worker presented with persistent pain, left knee and hip, low back and neck, rated 4 out of 10 with the use of Norco. Without medication, the pain rate increases to 8 out of 10. She is currently in physical therapy for the right knee, status post meniscal repair May 22, 2015. She is able to use one crutch rather than 2 for short distances. Current medication included Lidoderm patches, Docusate, Nabumetone-relafen, Norco and Rozerem. Objective findings included antalgic gait; walked into room with one crutch on the right side; well healed arthroscopic incisional scars on both sides of the right knee. Treatment plan included urine drug screen and a goal to lose weight. At issue, is a request for authorization for retrospective Rozerem 8mg #30. A treating physician's progress notes dated July 10, 2015, finds the injured worker with increased low back pain and left leg pain since having surgery to the right knee. She uses a cane when ambulating short distances and continues to exercise at home after completing post-operative physical therapy. She reports intermittent numbness and tingling into the lower extremity and neck pain with radiation to the thoracic spine. She has pain into the left hand and down the arm using the cane in the left hand. Norco has decreased her pain from 7-8 out of 10 to 4 out of 10. She requests Lidoderm patches for her neck and back pain. Diagnoses are lumbar disc displacement without myelopathy; sprains and strains of neck; pain in joint lower leg; degeneration lumbar disc. Treatment included a urine drug screen, chiropractic sessions for the cervical and lumbar spine and at issue, a request for authorization for Lidoderm 5% Patch 700mg-patch, #30. According to

utilization review, dated August 25, 2015, the retrospective request for Rozerem 8mg tab #30 date of service June 12, 2015 is non-certified. The retrospective request for Lidoderm 5% patch 700mg-patch #30 date of service July 10, 2015 is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Rozerem 8mg, #30, DOS 6/12/2015: 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) 205, Pain Chapter, Insomnia treatment Ramelton (Rozerem).

**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 and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Rozerem is indicated for the short-term treatment of insomnia. In this case, the claimant had used insomnia medications for several months including Ambien. The etiology of sleep disturbance was not defined or further evaluated. Long-term use of this class of medications is not recommended. Continued use of Rozerem is not medically necessary.

#### **Retrospective Lidoderm 5% patch 700mg/patch, #30 DOS: 7/10/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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; Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term uses of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on Lidoderm for several months along with opioids and NSAIDS without reduced use of oral analgesics. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.