

<b>Case Number:</b>	CM14-0156001		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a man who was seen by his physician on 8/22/14 with complaints for chronic intermittent neck pain. His exam showed 'some tenderness and some evidence of spasm in the paracervical area'. He had full neck range of motion with some pain at extremes of motion. He had normal motor and sensory exam in his upper extremities and full range of motion without pain. Acupuncture had been helped as well as was the duraflex cream and oral muscle relaxant. At issue in this review are the prescriptions for Ambien and Flector patch. Length of prior prescription was not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3 percent #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), Pain Chapter

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

**Decision rationale:** Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. There is little evidence to utilize topical NSAIDs for treatment of

osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding Flector patch in this injured worker, the records do not provide clinical evidence to support medical necessity. As such, this request is not medically necessary.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - zolpidem

**Decision rationale:** Zolpidem (Ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate the problem and receive general advice regarding sleep hygiene. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for Ambien. The request is therefore considered not medically necessary.