

Case Number:	CM13-0011562		
Date Assigned:	09/23/2013	Date of Injury:	03/26/2007
Decision Date:	02/25/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient is a 44-year-old male who reported a work-related injury on 03/26/2007, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses: lumbosacral spondylosis, lumbar radiculopathy, post laminectomy syndrome of the lumbar spine, myalgia and myositis. The clinical note dated 07/03/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient utilized lidocaine cream for neuropathic symptoms to the lumbar spine and zolpidem for changes in sleep and insomnia secondary to nighttime pain. The provider noted that the patient's pain level was at a 4/10 to 5/10 with meds and at a 6/10 to 7/10 without medications. Additionally, the provider documented that the patient utilized Fentanyl transdermal patch 50 mcg 1 every 72 hours, hydrocodone/acetaminophen 10/325, lidocaine topical analgesic, Lyrica 100 mg 1 tab by mouth at bedtime and zolpidem 10 mg 1 tab by mouth at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

LMX 5 (Lidocaine) 5% cream, apply 3-4 gram to affected area 4 times a day as needed; 90 dispense 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The current request is not supported. The California MTUS indicates that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Additionally, the California MTUS indicates that Ketoprofen and lidocaine in creams, lotions or gels; capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants and gabapentin and other anti-epilepsy drugs are not recommended for topical application. The provider documented that the patient was utilizing this cream for his neuropathic pain complaints; however, the use of Lyrica was also noted. Given all of the above, the request for LMX 5 (lidocaine) 5% cream, apply 3 to 4 gm to affected area 4 times a day as needed, 90 dispense 3 is not medically necessary or appropriate.

Zolpidem 10 mg tablet, take 1 tablet by mouth at bedtime as needed, 30 dispense 30 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Decision rationale: The current request is not supported. The Official Disability Guidelines indicate that zolpidem is a prescription short-acting nonbenzodiazepine hypnotic which is approved for the short-term, usually 2 to 6 weeks, treatment of insomnia. The clinical notes do not evidence how long the patient has been utilizing this medication or the clear efficacy of this intervention. Given the lack of guideline support for the chronic use of this medication, the request for zolpidem 10 mg tablet to take 1 tablet by mouth at bedtime as needed, 30 dispense 30 refills 2 is not medically necessary nor appropriate.