MAXIMUS Federal Services

Case Number:	CM13-0031789		
Date Assigned:	12/04/2013	Date of Injury:	01/15/2010
Decision Date:	05/20/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 61-year-old male who sustained an industrial injury on 1/15/10. Subjective complaints are of low back pain with radiation down into the right lower extremity. On physical exam, there was tenderness over the lumbar paraspinal muscles, more so on the right. There was a positive leg lifting sign on the right, and not on the left. The diagnosis was lumbar discogenic pain, status post L3, L4 and L5 radiofrequency ablation in July, 2010. His current medications include Norco 10/325 one tablet BID (twice a day), Lidoderm patches-5%, Ambien 5 mg one tablet at HS (at bedtime) and Prilosec 20 mg once daily. An MRI of the lumbar spine dated 3/31/2010 documented multilevel degenerative changes in the lumbar spine. There was a large hemangioma in the T 12 vertebra and a small hemangioma in the L4 vertebra. There was a cortisone injection to his low back on 08/09/2013. Requests were made for 180 Norco-10/325, thirty 5% Lidoderm patches, 60 Ambien-5 mg and 90 Prilosec-20 mg. These four requests for medication were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, 12HRS ON 12HRS OFF, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56.

Decision rationale: CA MTUS suggests that topical lidocaine may be 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 Anti-Epilepsy Drugs (AEDs) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The submitted documentation does not provide evidence for post-herpetic neuralgia or for localized peripheral pain. Furthermore, there was no evidence that any first-line medications had been used prior to the Lidoderm patches. Therefore, the medical necessity of Lidoderm patches is not established.

AMBIEN 5MG, 1 HS, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, Insomnia Treatment.

Decision rationale: ODG suggests that Zolpidem (Ambien) is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. For this patient the request is for the chronic use of Ambien. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

PRILOSEC 20MG, PO QD, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (G.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 67-69.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. There is no documentation identified that would stratify this patient in an intermediate or high risk GI category. This patient is not suffering from any known gastrointestinal disease and is not taking NSAIDS. Therefore, the medical necessity of Prilosec is not established.

NORCO 10/325MG, PO TID, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. The patient has returned to work and records indicate that medications provided moderate pain relief and allowed for improved function and ability to work and participate in activities of daily living. Guidelines indicate that opioid use may continue if the patient has returned to work or has improvements in functioning and pain. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is presence of MTUS opioid compliance guidelines, including updated urine drug screen, and ongoing efficacy of medication. Therefore, the request for Norco is medically necessary.