

<b>Case Number:</b>	CM13-0033861		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	03/26/1997
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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 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 injured worker is a 61 year old man with a date of injury of 3/26/97. He was seen by his primary treating physician on 9-13/13 with complaints of shoulder and cervical pain radiating to his arms. The pain medications are helping and not causing side effects. His physical exam was significant for a reduced cervical range of motion, normal upper extremity strength, sensation and reflexes. He had 0/18 trigger points and no tenderness to palpation. His left shoulder had reduced range of motion and a positive impingement and supraspinatus test. His diagnoses were carpal tunnel syndrome, cervical radiculopathy, subacromial bursitis and cervical spondylosis without myelopathy. Prescriptions were refilled including lidoderm patch, celebrex, ambien, nexium and norco. All of the medications are at issue in this review except the norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10MG 1 TABLET NIGHTLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: ZOLPIDEM DRUG INFORMATION

**Decision rationale:** Zolpidem (Ambien) is used for the short-term treatment of insomnia. In this injured worker, it appears that this treatment has been ongoing and is not short term. There is no documentation of a discussion of efficacy or side effects of ambien and the records do not support the medical necessity of continued ambien.

**CELEBREX 200MG 1 TABLET DAILY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** This 61 year old injured worker has chronic shoulder and neck pain with limitations in range of motion noted on physical examination. The injured worker's medical course has included use of several medications including narcotics and NSAIDs. According to the chronic pain guidelines for chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document which of the medications is causing any improvement in pain or functional status to justify long-term use. The injured worker is also receiving opioid analgesics and the celebrex is not medically necessary.

**LIDODERM 5% 2 PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Topical Analges.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56,57,112.

**Decision rationale:** Lidoderm<sup>®</sup> is the brand name for a lidocaine patch produced by [REDACTED]. 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 AED 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. This injured worker has chronic cervical, and shoulder pain. The injured worker receives multiple medications for this pain including NSAIDs and opioid analgesics. Lidoderm is FDA approved only for post-herpetic neuralgia. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.

**NEXIUM 20MG 1 CAPSULE DAILY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** This injured worker has cervical and shoulder pain with limitations noted on physical examination. The injured worker's medical course has included use of several medications including opioids and NSAIDs. Nexium is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. According to the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the injured worker is at high risk of gastrointestinal events to justify medical necessity of nexium.