

Case Number:	CM13-0039479		
Date Assigned:	12/18/2013	Date of Injury:	02/21/2004
Decision Date:	02/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/28/2013

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 and Rehabilitation and is licensed to practice in New York and Texas. 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 58-year-old female who reported an injury on 02/21/2004. The patient is currently diagnosed with cervical degenerative disc disease, status post artificial disc replacement at C5-7, cervical facet syndrome, muscle spasm, greater occipital neuralgia, status post left total knee replacement, cervical radiculitis, bilateral carpal tunnel syndrome, left lateral epicondylitis, status post right total knee replacement, degeneration of the cervical intervertebral disc, spasm of muscle, pain in a joint of the lower leg, brachial neuritis or radiculitis, and carpal tunnel syndrome. The patient was recently seen by [REDACTED] on 11/06/2013. The patient reported 70% improvement in neck pain following a cervical epidural steroid injection. Physical examination revealed diminished cervical range of motion, 5/5 motor strength, tenderness over the upper cervical spine over the facet joints, tenderness over the wrist, a positive Tinel's of the bilateral wrists, painful cervical extension and rotation, a positive Spurling's maneuver, diminished lumbar range of motion and 5/5 motor strength in the bilateral lower extremities. The treatment recommendations included the continuation of current medications and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg tab #30: 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state that insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. Empirically supported treatment includes stimulus control, progressive muscle relaxation and paradoxical intention. As per the clinical notes submitted, there is no documentation of chronic insomnia or sleep insufficiency. There was also no evidence of a failure to respond to nonpharmacologic treatment prior to the request for a prescription medication. Based on the clinical information received, the request is non-certified

Lidoderm topical film 5% #30: 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): 111-113.

Decision rationale: The California MTUS Guidelines state that lidocaine is indicated for peripheral pain or neuropathic pain after a trial of first-line therapy with tricyclic or SNRI antidepressants or an anticonvulsant, such as gabapentin or Lyrica. As per the clinical notes submitted, the patient does not demonstrate neurological deficits on physical examination. Additionally, there was no evidence of a failure to respond to first-line treatment with oral antidepressants or anticonvulsants prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.