

Case Number:	CM13-0041535		
Date Assigned:	12/20/2013	Date of Injury:	08/05/2009
Decision Date:	05/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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 53-year-old male who reported injury on August 5, 2009. The mechanism of injury was not provided. The injured worker's medication history included opiates, Lidoderm, meloxicam, and Ambien as well as Soma in 2012. The most recent documentation submitted for review was dated April 9, 2013. The injured worker's diagnoses included muscle spasms, bilateral lumbar facet joint disease and lumbar DDD (degenerative disc disease) and status post L5 through S1 fusion with subsequent hardware removal. The Application for Independent Medical Review indicated the request was made for Ambien, ibuprofen, gabapentin 7%, ketoprofen 10% and Lidocaine 30 gm tube of cream along with baclofen 10 mg #90. There was no recent clinical documentation submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30 1 TAB PO QHS: Upheld

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

Decision rationale: Official Disability Guidelines recommend Ambien for the short term treatment of insomnia with limited use of 2 to 6 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of objective functional benefit that was received. There was no DWC form RFA nor PR-2 submitted for review with the request to support the necessity for the medication. The most recent documentation was April of 2013. The request for Ambien 10mg, thirty count, one tablet orally at bedtime, is not medically necessary or appropriate.

GABAPENTIN 7 PERCENT KETOPROFEN 10 PERCENT LIDOCAINE 5 PERCENT 30 GRAM TUBE OF CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application...Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...Lidocaine...Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was a lack of documentation of objective functional benefit that was received. There was no DWC form RFA nor PR-2 submitted for review with the request to support the necessity for the medication. The most recent documentation was April of 2013. The duration of use could not be established per submitted documentation. The request as submitted failed to indicate the frequency for the requested medication. The request for Gabapentin 7%/Ketoprofen 10%/Lidocaine 5%, 30 gm tube of cream, is not medically necessary.