

Case Number:	CM13-0054590		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2010
Decision Date:	03/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This is a 60 year-old male who was injured on 7/1/2010. According to the 11/7/13 report from [REDACTED], the patient presents disheveled with left lower extremity pain, left shoulder, left hip and left knee pain. He has antalgic gait assisted with a cane. The pain has increased since the prior visit and activity level decreased. Medications are reported to be less effective. He was using Avinza 30mg; Cymbalta 30mg; Lidoderm 5% patch; Lyrica 150mg bid; Zanaflex 4mg bid; zolpidem 10mg at bedtime; ASA 81mg; Nabumetone 500mg. His diagnoses included: causalgia lower limb; RSD lower limb; knee pain; hip bursitis; shoulder pain; low back pain. [REDACTED] requested sympathetic blocks and an SCS trial, and increased Avinza to 60mg, increased Cymbalta to 60mg, and continued Lidoderm patches, Lyrica, Zanaflex and Ambien at the same dose. The 11/12/13 UR letter states Lidoderm patches, Lyrica and zolpidem are not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch: 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 Topical Analgesics.

Decision rationale: The Physician Reviewer's decision rationale: On [REDACTED] 11/7/13 report, the patient present disheveled with increased left lower extremity pain, left shoulder, left hip and left knee pain, and has RSD of the lower extremity. [REDACTED] first evaluated the patient on 10/25/13 which was when he prescribed the Lidoderm patches. There was no documented trial of AED or SNRI prior to the Lidoderm prescription, but the physician did prescribe Lyrica and Cymbalta at the same time. There is no documented pain relief, improved function or improved quality of life with the addition of Lidoderm patches between 10/25/13 and 11/7/13. The patient does not appear to have a satisfactory response with Lidoderm patches. MTUS does not recommend continuing with therapies that do not produce a satisfactory response.

Lyrica 150mg, #30: Overturned

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 Anti epilepsy drugs Page(s): 16-18.

Decision rationale: The Physician Reviewer's decision rationale: On [REDACTED] 11/7/13 report, the patient present disheveled with increased left lower extremity pain, left shoulder, left hip and left knee pain, and has RSD of the lower extremity. [REDACTED] first evaluated the patient on 10/25/13 which was when he prescribed the Lyrica. There is no documented pain relief, improved function or improved quality of life with the addition of Lyrica between 10/25/13 and 11/7/13 (13 days) The 12/3/13 report clarifies this, and states that the patient was not able to take Lyrica the past month because it was not authorized. The patient has worsening neuropathic pain, and decreased function, but has not had a fair trial of Lyrica. MTUS states AEDs are recommended for neuropathic pain. The patient should be allowed a trial of Lyrica.

Zolpidem Tartrate 10mg, #15: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Chronic Pain Chapter online, Zolpidem

Decision rationale: The Physician Reviewer's decision rationale: On 10/25/13 the patient reported left foot hypersensitivity that makes it difficult for him to fall asleep. He reports sometimes wearing a shoe to try to sleep. Zolpidem (#15 tablets) was prescribed on 10/25/13. The 11/7/13 report states the quality of sleep is poor, and does not discuss whether the zolpidem has helped or not. On the 12/3/13 report, the sleep quality remains poor, and also notes that it was not authorized so he was not taking it. The physician states that with the medication he was able to initiate sleep better and was able to sleep for 3-4 hours uninterrupted. ODG guidelines state that Ambien is not to be used longer than 2-6 weeks. The records show the patient tried it

for 15 days and had improved sleep. Continued use of Ambien up to 6-weeks appears appropriate and in accordance with the ODG guidelines.