

Case Number:	CM14-0004788		
Date Assigned:	01/24/2014	Date of Injury:	05/22/2002
Decision Date:	06/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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:

This is a patient with a date of injury of May 22, 2002. A utilization review determination dated December 31, 2013 recommends non-certification of Lidoderm and Ambien. Lidoderm was non-certified as there was no documentation of failure of first-line therapy and no documented functional improvement from previous use. Ambien was non-certified as there was no documentation of current sleep disturbance, results of sleep behavior modification attempts, and failed trials of other guideline-supported treatments. A January 13, 2014 medical report identifies back pain 8/10 with some improvement following an ESI. She reports 50% functional improvement with medications versus without. Burning pain in the back and left leg is improved with the use of Lidoderm. Has tried TCAs in the past without improvement. She uses 2 Lidoderm patches daily. Takes Mobic for inflammation and uses Ambien at night for insomnia due to pain. On exam, there is limited low back range of motion with altered sensory loss in the left lateral calf and bottom of the foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5% QTY 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: Regarding request for Lidoderm patches 5%, sixty count, the Chronic Pain Medical Treatment Guidelines states that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). Within the documentation available for review, the utilization reviewer non-certified the treatment as there was no documentation of failure of first-line therapy and functional improvement from previous use. The provider subsequently documented that the patient receives significant functional improvement with medications (although specifics in this regard were not documented) and burning pain in the back and left leg is improved with the use of Lidoderm. Additionally, it was noted that prior first-line treatment including tricyclic antidepressants has not provided improvement. The request for Lidoderm patches 5%, sixty count, is medically necessary and appropriate.

AMBIEN 10MG QTY 30: 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) Chronic Pain Chapter, Zolpidem (Ambien).

Decision rationale: Regarding the request for Ambien 10 mg, thirty count, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The ODG recommends the short-term use (usually two to six weeks) for patients with insomnia. Within the documentation available for review, there is no documentation of failure of non-pharmacologic treatment for insomnia, any significant improvement with the use of Ambien to date, and/or a clear rationale for the long-term use of the medication despite the recommendations of ODG against long-term use. The request for Ambien 10mg, thirty count, is not medically necessary or appropriate.