

Case Number:	CM14-0104552		
Date Assigned:	07/30/2014	Date of Injury:	05/21/2005
Decision Date:	11/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 21, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; epidural steroid injections; earlier lumbar laminectomy; unspecified amounts of physical therapy; and sleep aids. In a June 27, 2014 Utilization Review Report, the claims administrator approved a request for gabapentin while denying Ambien, Lidoderm patches, and an epidural steroid injection. It was suggested that the applicant had had previous epidural injections. The applicant's attorney subsequently appealed. In a May 16, 2013 progress note, the applicant was described as having had previous epidural steroid injections. The applicant was using Lidoderm, Ambien, Neurontin, Flomax, Spiriva, triamterene-hydrochlorothiazide, Xopenex, aspirin, and Zocor, it was acknowledged. The applicant's work status was not furnished. Multiple medications were refilled. In a September 3, 2014 progress note, the applicant was permanent and stationary, it was acknowledged. The applicant did not appear to be working with permanent limitations in place. In a June 4, 2014 progress note, authorization was sought for gabapentin, Lidoderm, and epidural steroid injection therapy for ongoing issues with lumbar radiculopathy status post earlier post laminectomy syndrome. The applicant's work status, once again, was not clearly stated, although the applicant did not appear to be working. On March 5, 2014, the applicant received refills of Ambien, Neurontin, and Lidoderm. The applicant's work status, again, was not detailed, although the applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Institute, Treatment in Workers Compensation, 5th Edition. Pain (Chronic), Zolpidem (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider has seemingly employed Ambien for what appears to be a span of several months to several years. No compelling applicant-specific rationale or medical evidence to support long-term usage of Ambien in the face of the unfavorable FDA position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

Lidoderm 5% patches #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine, Topical Analgesics Page(s): 111-113.

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is an option in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of gabapentin, a first-line anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.

Bilateral L4-L5 Lumbar ESI (Epidural Steroid Injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request in question does represent a request for a repeat epidural injection. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The earlier epidural injections had failed to curtail the applicant's dependence on various and sundry analgesic and adjuvant medications, including Neurontin, Lidoderm, Ambien, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite several prior epidural steroid injections at various points over the course of the claim. Therefore, the request for a repeat epidural injection is not medically necessary.