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| Case Number: | CM14-0011961 | | |
| Date Assigned: | 03/12/2014 | Date of Injury: | 03/12/2001 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/11/2013 |
| 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 & Rehabilitation and is licensed to practice in Illinois. 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 55 year old female with an injury reported on 03/12/2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/23/2014 reported that the injured worker complained of cervical, lumbar, right shoulder and bilateral knee pain. The physical examination revealed the injured worker's cervical spine had limited range of motion and tenderness to palpation over the trapezius and paravertebral muscles bilaterally. It was noted the injured worker had weight gain and trouble with sleep. The injured worker's prescribed medication list included Ultram, Prilosec, Elavil and bio-therm topical cream. The injured worker's diagnoses included right knee posttraumatic osteoarthritis; left knee medial compartmental osteoarthritis; right shoulder rotator cuff syndrome; cervical disc herniation with left upper extremity radiculitis; lumbar spine stenosis, status-post laminectomy with worsening pain and left lower extremity radiculopathy. The provider requested Lidoderm patches 5% and Ambien 5mg, the rationale for the requests was not provided within the documentation. The request for authorization was submitted on 12/22/2013. The injured worker's prior medications included anexsia and nexium and prior treatments were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG #30, 2 TABS APPROX. 30 MINS BEFORE BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NEUROPATHIC PAIN, 13-14

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

Decision rationale: The request for Ambien 5mg # 30, 2 tabs approx. 30 minutes before bedtime is non-certified. The injured worker complained of cervical, lumbar, right shoulder and bilateral knee pain. It was noted the injured worker had weight gain and trouble with sleep. The injured worker's prescribed medication list included Elavil. It was noted Elavil was prescribed to aid the injured worker in restful sleep. The Official Disability Guidelines recommend Ambien as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The injured worker was provided Elavil for assisting in a restful sleep, the rationale for also prescribing Ambien was not provided. There is a lack of clinical information provided indicating the injured worker's trouble with sleep was unresolved with the utilization of Elavil. There was a lack of documentation detailing the severity of the injured workers sleep disorder. Therefore, the request is not medically necessary and appropriate.

LIDODERM PATCHES 5% #30 APPLY TO AFFECTED AREA 12 HOURS ON & 12 HOURS OFF: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Lidoderm (lidocaine patch Page(s): 56-57.

Decision rationale: The request for Lidoderm patches 5% #30 apply to affected area 12 hours on and 12 hours off is non-certified. The injured worker complained of cervical, lumbar, right shoulder and bilateral knee pain. The injured worker's prescribed medication regimen included Bio-Term topical cream to work as an adjunct for her pain and decrease her oral medication intake. The California Medical Treatment Utilization Schedule (MTUS) guidelines recognize that lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors or an antiepileptic drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It was noted that the injured worker had been prescribed Bio-Term topical cream to work as an adjunct for her pain and decrease her oral medication intake. The rationale to also prescribe Lidoderm patches 5% was not provided. There is a lack of clinical information provided indicating the injured worker's pain was unresolved with the usage of Bio-Term topical cream and oral medications. There is also a lack of information indicating the injured worker's pain was unresolved to previous localized peripheral pain modalities. It was noted that the injured worker had been prescribed Elavil, a tri-cyclic antidepressant, in assisting the injured worker in restful sleep. There is a lack of clinical information indicating Elavil was utilized for pain management. There is a lack of clinical

information indicating other first-line therapy for localized peripheral pain medications were utilized in the injured worker's pain management. Therefore, the request is not medically necessary and appropriate.