

Case Number:	CM14-0013572		
Date Assigned:	02/26/2014	Date of Injury:	04/23/2004
Decision Date:	07/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

The injured worker is of unknown age due to date of birth not furnished with documentation submitted for review. The injured worker is a male who reported an injury on 04/23/2004. The mechanism of injury is not documented. A medical records review dated 11/14/2013 indicated (past tense) the injured worker stated he stopped using morphine and now was trying to stop using Norco. The injured worker stated Ativan was helping with withdrawal symptoms and he would like to try acupuncture for his neuropathic pain. The patient reported back pain and indicated that it is not any more relieved than the last appointment and it was the same. The injured worker complained of pain in the back and left leg pain that radiated down to his foot. The injured worker indicated numbness, pain, and paresthesia. The injured worker indicated that Norco 2 tablets a day was helpful. Pain was noted at 5/10 to 6/10 without medications and 3/10 to 4/10 with medications. The injured worker complained of depression. The objective findings included tenderness at bilateral paravertebral muscles at L2-3. The assessment was post laminectomy syndrome of the lumbar region and medication management. The treatment plan included refills of Norco, Ambien, Lidoderm patches and Ativan. The treatment also included a referral for acupuncture. The information submitted with this review does not include a request for authorization of medical treatment. The information submitted for review also does not include any rationale for the request made in the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG #180: 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) Pain, Zolpidem (Ambien).

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 Official Disability Guidelines note Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term treatment of insomnia. The treatment is usually 2 to 6 weeks. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The information in the most recent clinical evaluation does not support any need for Ambien. It is noted that there is pain; however, it is not indicated that pain is interfering with the sleep pattern. The Guidelines do not allow for long-term therapy. The request for a refill of Ambien of 180 tablets is excessive due to Ambien approved for short-term 2 to 6 weeks. In addition, the request fails to indicate a frequency. Therefore, the request for Ambien 10 mg #180 is not medically necessary.

ATIVAN 1 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES; ANTIDEPRESSANT Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that Ativan belongs to a group of medications called benzodiazepines. Benzodiazepines, according to the Guidelines, are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most Guidelines limit use to 4 weeks. Benzodiazepine range of action includes being a sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker had a physical examination that did not indicate any need for a benzodiazepine based on clinical findings that do not support any need for a sedative, hypnotic, anxiolytic, anticonvulsant, or muscle relaxant. The Guidelines do not recommend benzodiazepines to be used for long-term use and most Guidelines recommend the use to 4 weeks. The request for refill of Ativan 1 mg at 60 tabs is excessive according to the Guidelines. The request fails to indicate a frequency. Therefore, the request for Ativan 1 mg #60 is not medically necessary.

LIDODERM PATCHES #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (R) (LIDOCAINE PATCH) Page(s): 56-57.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy of tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. The information and documentation submitted for the case review does not indicate that gabapentin or Lyrica have been used as a first line of therapy for localized peripheral pain. According to the Guidelines, topical Lidoderm in the form of a dermal patch is also designated for orphan status by the FDA for neuropathic pain and off label use for diabetic neuropathy. The injured worker does not have any indications of these symptoms nor does the injured worker have these diagnoses. The request does not indicate a frequency. Therefore, the request for Lidoderm Patches #360 is not medically necessary.