

<b>Case Number:</b>	CM14-0141803		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 26, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; left and right carpal tunnel release surgeries; earlier right shoulder surgery; unspecified amounts of physical therapy; and sleep aids. In a Utilization Review Report dated August 8, 2014, the claims administrator failed to approve request for Celebrex, Lidoderm, Ambien, and Tizanidine. The applicant's attorney subsequently appealed. In a July 30, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and wrist pain status post multiple shoulder surgeries. Authorization was sought for Lidoderm, Tizanidine, and zolpidem. It was stated that the zolpidem was being employed for chronic insomnia purposes here. The applicant's work status was not furnished. It was stated that the applicant's ongoing pain complaints were having an adverse impact on the applicant's function, despite ongoing medication consumption. In July 19, 2014 progress note, the applicant reported 7/10 pain with medications versus 8/10 without medications. The applicant was reportedly worsened, it was acknowledged, since the last visit, and reported continued difficulty sleeping. The applicant's stated diagnoses included cervical radiculopathy, carpal tunnel syndrome, shoulder pain, and chronic pain syndrome. The applicant was reportedly worsened. The applicant was not working. Additional physical therapy was sought, along with prescriptions for Lidoderm, Tizanidine, Celexa, Tylenol with Codeine, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 20 MG, Every Night #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68 an.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors, i.e., Celebrex, may be indicated if an applicant has a risk of GI complications, in this case, there was no mention that the applicant is having any gastrointestinal complications on or around the date in question, June 19, 2014. On that date, the applicant specifically denied any changes in his gastrointestinal review of systems. There was no mention of any issues of reflux, heartburn, and/or dyspepsia mentioned on that visit. It was further noted that that progress note did not explicitly allude to the applicant's using Celebrex as of that point in time. Therefore, the request is not medically necessary.

**Lidoderm 5 Percent Patch, 12 Hours on 12 Hours off #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57 and 111-112.

**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 note that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of antidepressant adjuvant medication and/or anticonvulsant adjuvant medication failure prior to selection and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request is not medically necessary.

**Ambien 5 MG, Every Night, #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 (ODG), Pain chapter: Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**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 the reasonability 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, the applicant, as acknowledged by the attending provider, has been using Ambien on a chronic basis, for what appears to be a span of several months to several years. This is not an FDA endorsed role for the same. No applicant-specific rationale or medical evidence was attached so as to offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.

**Tizanidine HCL 2 MG, 1 Every 8 Hours, #80: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66, 7.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Tizanidine is FDA approved in management of spasticity and can be employed off label for low back pain, in this case, however, the applicant's primary pain generators are the shoulder, neck, and wrist, body parts for which Tizanidine is not explicitly endorsed. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, stipulates that an attending provider incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant is off of work, despite ongoing usage of Tizanidine. Ongoing usage of Tizanidine has failed to curtail the applicant's dependence on opioid agents such as Tylenol with Codeine. Significant complaints of pain as high as 7 to 8/10 persists, despite ongoing usage of Tizanidine. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.