

Case Number:	CM14-0144924		
Date Assigned:	09/12/2014	Date of Injury:	01/24/2010
Decision Date:	12/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 Arizona. 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:

Patient is a 54 year old female with a date of injury on 1/24/2010. Subjective complaints are of ongoing low back pain and right sided buttock pain. Physical exam shows a normal gait, tenderness over the PSIS on the right and SI joint tenderness. Neurological exam of the lower extremities was normal. Medications include Lidoderm, Percocet, Zolpidem, Lorazepam, and Fluoxetine. Diagnoses include arthrodesis L4-sacrum, facet arthrosis, bilateral sacroiliac joint arthrodesis, and psychological factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidocaine in the form of Lidoderm is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic

neuralgia. For this patient, submitted documentation does not provide evidence for post-herpetic neuralgia or objective evidence consistent with neuropathic pain that would be amendable to topical Lidocaine. Furthermore, there is not a documented trial of first line therapy. Therefore, the medical necessity for Lidocaine patches is not established.

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, the records do not demonstrate improvement in function from long-term use. Therefore, the medical necessity of Percocet is not established at this time.

Ambien 10mg #30 with 3 refills: 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

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

Decision rationale: ODG suggests that Zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. Submitted documentation indicates the patient has been using this medication chronically. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

Lorazepam 0.5mg #60 with 3 refills: Upheld

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

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

Decision rationale: CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. For this patient, Lorazepam has been utilized chronically, which exceeds guideline recommendations. Therefore, the medical necessity of Lorazepam is not established.

Fluoxetine 40mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antidepressants

Decision rationale: CA MTUS state that antidepressants are a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. CA MTUS also states that unlike SNRIs, the SSRI class of medication does not appear to be beneficial for the treatment of low back pain. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The ODG states that antidepressants have been found to be useful in treating depression, including depression in physically ill patients. For this patient, there is documentation of depressive symptoms along with chronic pain complaints. Therefore, the medical necessity of Fluoxetine is established.