

Case Number:	CM14-0153865		
Date Assigned:	09/23/2014	Date of Injury:	02/01/2008
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/21/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a male who has submitted a claim for chronic pain syndrome associated with an industrial injury date of February 1, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of back pain. Physical examination revealed a well developed, well nourished patient in no distress. He was oriented x 3 and was alert. Affect was appropriate. Patient used a cane on ambulation. Examination of the lumbar spine revealed restricted ROM, tight muscle band bilaterally, positive SLR test on the left and equal and symmetric reflexes in the lower extremities. Treatment to date has included Lidocaine 5% ointment (since at least January 2014), gabapentin (since at least January 2014), Ultram (since at least January 2014) and Ambien (since at least May 2014). Utilization review from August 19, 2014 denied the request for prescription of Ambien 10mg #30 with 2 refills and 1 prescription of Lidocaine 5% gel #1 tube with 1 refill. The request for Lidocaine gel was denied because the guidelines do not support topical lidocaine in any other form other than Lidoderm patch. The reason for the denial of Ambien was on a page that is missing from the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the records provided do not describe the patient's sleeping problem and sleep hygiene. He had been using Ambien since May 2014 but his response to the medication was not assessed. The medical necessity of Ambien cannot be established due to inadequate information. Therefore, the request for 1 prescription of Ambien 10mg #30 with 2 refills is not medically necessary.

1 prescription of Lidocaine 5% gel #1 tube with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient complains of back pain with a positive SLR test. Records show that the patient had a trial of gabapentin since at least January 2014. The patient had fulfilled the criteria for use of topical lidocaine. Therefore, the request for 1 Prescription of Lidocaine 5% gel #1 tube with 1 refill is medically necessary.