

Case Number:	CM14-0156222		
Date Assigned:	10/28/2014	Date of Injury:	12/26/2000
Decision Date:	12/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old female who was injured on 12/26/2000. The diagnoses are cervicalgia, low back pain, post laminectomy back syndrome, myofascial pain syndrome and mid back pain. There are associated diagnoses of insomnia, depression and anxiety disorder. On 8/12/2014, [REDACTED] noted subjective complaints of constant pain rated at a pain score of 10/10 on a scale of 0 to 10. There were objective findings of antalgic gait, decreased range of motion of the lumbar spine, muscle spasm and positive straight leg raising test. The medications are Gabapentin, Hydrocodone, Methotrexate, Allopurinol and Naproxen for pain. There is a pending request for authorization for multidisciplinary pain treatment program. On 5/19/2014, [REDACTED] noted that the patient was obtaining opioids from multiple providers. The CURES report confirmed multiple prescribers. The SOAPP-R score is consistent with 'at risk' for opioid abuse. The patient is non-compliant with psychiatric medications. A Utilization Review determination was rendered on 9/16/2014 recommending non certification for Lidoderm patch #30 and modified certification of Zolpidem tartrate 5mg #30 to #22.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Lidoderm (Lidocaine HCL) 5% adhesive patch, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that topical Lidocaine can be utilized in the treatment of localized neuropathic pain when treatment with first line neuropathic pain medications such as anticonvulsants and antidepressants are ineffective or cannot be tolerated. It is recommended that antidepressants such as Duloxetine and Venlafaxine be utilized when chronic pain is associated with psychosomatic symptoms including anxiety, depression and insomnia. The records did not indicate that the patient have failed these first line medications. The patient was diagnosed with co-existing psychosomatic disorders that have not been effectively treated. The pain is located in multiple body part making it not amenable to effective treatment with topical products. The criteria for the use of Lidoderm 5% patch #30 were not met. Therefore, this request is not medically necessary.

Prescription of Zolpidem Tartrate 5mg, #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) Zolpidem (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Health and Stress

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that the use of sleep medications be limited to short term use after non medication sleep measures have failed. The chronic use of sedatives and hypnotic medications is associated with the development of tolerance, dependency, addiction and adverse interactions with opioids and other sedatives. The records indicate that the patient had a history of aberrant medication behavior and failed opioid contracts. The risk of adverse drug interactions because of the history of multiple prescribers of sedatives is very high. The patient had not shown any symptomatic improvement for the insomnia, anxiety or chronic pain syndrome. A decision for multidisciplinary treatment program is pending. The criteria for the use of Zolpidem Tartrate 5mg #30 were not met. Therefore, this request is not medically necessary.