

<b>Case Number:</b>	CM14-0163295		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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 injured worker is a 53 year old female who reports bilateral lower back pain with radicular symptoms following a work-related injury on 10/21/11. According to 2/14/14 clinic note is 7-8/10 and it affects her gait. She also reports numbness in the right lower leg, weakness and spasms in the lower back. She reports ambient helps her sleep. Diagnoses include lumbar radiculopathy and chronic pain syndrome. Plan is referral for pain psychology, lumbar ESI and renewal of chronic pain medications including Ultram and ibuprofen. She reports that the medications allow her to "effectively manage pain and maintain current levels of function". On 2/28/14 she underwent an L4-5 lumbar epidural for lumbar disc disease with radiculopathy. According to 4/4/14, 6/8/14, and 7/11/14 follow-up appointments, there is no significant change in pain quality or severity although she does report moderate improvement following lumbar epidural steroid injection. She reports a 50% decrease in pain with Ultram 50mg once daily. On physical exam she has antalgic gait favoring the left. Plan is to refer to physical therapy and to continue management with tramadol 50mg once daily, Lidocaine 5% patch, Zolpidem 5mg at night and Ibuprofen 600mg once daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% (700mg/patch) adhesive patch #30, refills: 3:** Upheld

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

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

**Decision rationale:** According to CA MTUS guidelines topical analgesics such as lidocaine 5% adhesive patch is largely experimental and are indicated once first line agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective. There is no note in the provided clinic record that the injured worker is unable to take a first line oral agent for her neuropathic pain. Consequently continued use of lidocaine 5% patch is not supported at this time.

**Ibuprofen 500mg #30, refills: 2: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

**Decision rationale:** According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records there is improvement with the current dose of ibuprofen. While the utilization reviewer notes that NSAIDs are not recommended for long-term use, in this specific injured worker there is no report of side-effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is minimal at a once a day dosing, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time.

**Tramadol 50mg #30, refills: 0: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as tramadol. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of tramadol is not supported by the medical records and guidelines as being medically necessary.

**Zolpidem 5mg #30, refills : 2: 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:** According to cited ODG guideline (CA MTUS does not address this medication specifically); Zolpidem is approved for short-term use for treatment of insomnia. Continued long-term use has limited efficacy in managing insomnia and increases risk of depression, dependence and abuse. Consequently the provided medical records and clinical guidelines do not support continued use of Zolpidem as being medically necessary at this time.