

<b>Case Number:</b>	CM14-0171253		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 56 year old male with a work injury dated 6/25/11. The diagnoses include degenerative disc disease, lumbar and vascular insufficiency. Under consideration are requests for Zolpidem 10mg; Lidoderm Patch 5 percent; Norco 7.5/325mg; Motrin 800mg. There is a 9/9/14 progress note that states that the patient has pain in the right lower extremity was some swelling. There is decreased sensation right lower extremity pretibial area. Patient has evidence of vascular insufficiency of the right lower extremity. Patient has chronic right shoulder pain and low back pain with lumbar disc disease. The patient was given a refill of Norco 7.5/325 one pill twice a day. There is a request for authorization for the patient to return to his vascular specialist. The patient is permanent and stationary is not able to work. He is to continue home exercise program. The patient has bilateral swelling of right and left lower extremities. He complains of shortness of breath. The patient has chronic low back pain. The patient is decreased sensation of the right lower extremity increased pain with walking and standing increased pain with flexion to the patella. There is restless leg syndrome. Leg paresthesias are somewhat controlled partially with Neurontin. The patient may continue his Norco 7.5/325 twice a day. The patient's low back pain is rated as between 6 and 9 on a scale of zero through 10. On exam the chest has bilateral rhonchi. Lower extremities show significant increased swelling. Heart has a normal rhythm and rate. The patient has chronic low back pain and right lower extremity vascular sufficiency with restless leg syndrome. The patient has possible pneumonia. The patient is referred to his personal treating physician or to the emergency room for further evaluation of chest congestion possible pneumonia. The patient may continue his Norco pain medication. On exam there are paresthesias of the right lower extremity. The skin is normal, no rash. There is right lower extremity pain and paresthesias with vascular insufficiency. There is low back pain, depression and anxiety. The treatment plan includes Neurontin 4 pills daily and Norco 7.5/325 twice a day.

There is a request for authorization to continue medications Zolpidem 10 mg 5 days per week. Lidoderm patch one daily 5 percent. Norco 7.5/2 times daily; Motrin 800 mg 2 or 3 daily after eating; Citalopram 20 mg one daily.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zolpidem 10mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com): Section; Pain, Insomnia

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

**Decision rationale:** Zolpidem 10mg is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Zolpidem. The ODG states Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation does not indicate how long the patient has been on Zolpidem. The documentation is not clear on a history of insomnia. The ODG does not recommend this medication long term. The request as written does not indicate a quantity. The request for Zolpidem 10mg is not medically necessary.

#### **Lidoderm Patch 5 percent: 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 Lidoderm (Lidocaine Patch) Page(s): 56.

**Decision rationale:** Lidoderm Patch 5 percent is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that topical Lidocaine may be 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). This is not a first-line treatment and 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. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patch 5 percent is not medically necessary.

#### **Norco 7.5/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Norco 7.5/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Furthermore, the request as written does not indicate a quantity. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 7.5/325mg is not medically necessary.

**Motrin 800mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs, Hypertension and Renal Function, Back Pain - Chronic Low Back Pain Page(s): 6.

**Decision rationale:** Motrin 800mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Doses greater than 400 mg have not provided greater relief of pain. NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension and can cause fluid retention, edema, and rarely, congestive heart failure. The MTUS Guidelines also state that for chronic low back pain: NSAIDs are recommended as an option for short-term symptomatic relief. The documentation is not clear on how long the patient has been on Motrin and what functional benefit it has provided. The documentation reveals that the patient has leg edema which NSAIDs can exacerbate. Furthermore there is no quantity of Motrin requested and the guidelines only recommend this as a short term medication. The patient also has a history of elevated blood pressure which can be exacerbated with NSAIDs. The request for Motrin 800mg is not medically necessary.