

Case Number:	CM14-0181390		
Date Assigned:	11/06/2014	Date of Injury:	04/10/2005
Decision Date:	12/11/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/31/2014

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 & Rehabilitation and Pain Management, 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 48-year-old male who sustained an injury on 4/10/05. As per the handwritten illegible PR2 report dated 10/2/14, he presented for follow-up and medication refill. Pain level was rated at 9.5/10. There were no objective findings documented on this visit. As per the 8/1/14 report, he had been receiving adequate pain relief with current prescriptions. He was using a cane. Examination revealed positive Tinel's. A ventral hernia was noted. Lumbar spine bone scan dated 2/7/13 revealed increased bony uptake involving the vertebral bodies of the fusion level at L4, L5 and S1 and increased bony uptake of bilateral L3-L4 facet joints, left greater than right. Electromyography (EMG)/nerve conduction velocity (NCV) dated 2/20/13 revealed severe right carpal tunnel syndrome (CTS) and slight left CTS with slight prolongation of the sensory nerve action potential (SNAP) latency of the ulnar nerve, suggesting the possibility of slight left ulnar neuropathy at the wrist. He is status post L4-5 and L5-S1 laminectomy, discectomy and fusion with instrumentation, pedicle screw fixation and interbody cage on 1/31/07 with no improvement of his low back pain and radicular symptoms. As per the latest PR2 all his medications were stopped and as per the previous PR2 reports he was on Norco, Nexium, Lyrica and Ambien. He was previously denied a spinal cord stimulator and treatment for his abdominal wall hernia. Urine Drug Screen (UDS) dated 1/10/14 was positive for hydrocodone and hydromorphone. He was noted to have opiate withdrawal syndrome and antidepressant withdrawal syndrome. As per the 8/1/14 report the diagnoses included fibromyalgia/complex regional pain, moderate bilateral carpal tunnel syndrome and abdominal wall hernia. The request for Ambien CR 12.5mg #30, prescribed 10/2/2014 and Lidocaine 5% patches #60, prescribed 10/2/2014 was denied on 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30, prescribed 10/2/2014: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." In the absence of documented significant improvement of sleeping, and absence of documented trial of alternative strategies for treating insomnia such as sleep hygiene, the request is not medically necessary according to the guidelines.

Lidocaine 5% patches #60, prescribed 10/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: Per CA MTUS and ODG, topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial and failure of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica). Lidoderm patch (lidocaine patch) is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, the IW is noted to have complex regional pain syndrome (CRPS); however, there is no documentation of a detailed clinical findings of this disorder and there is no documented failure of first line therapy. Therefore, the medical necessity of the request for Lidoderm is not established in accordance to guidelines and submitted clinical information.