MAXIMUS Federal Services

Case Number:	CM14-0020885		
Date Assigned:	04/30/2014	Date of Injury:	07/09/2001
Decision Date:	07/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/19/2014

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 Family Medicine and is licensed to practice in New Jersery. 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 worker is a 50 year old male who was injured on 7/9/01. He was diagnosed with lumbar radiculopathy, lumbar spinal stenosis, lumbar disc degeneration, degeneration of knee joint. He later underwent total left knee replacement surgery on 4/13/13, which had been complicated by decreased rang of motion as well as increased pain, according to the notes provided. He had been using for some time the following treatments to help treat his low back and left knee pain following his recent knee surgery and leading up to his consultation with the orthopedic physician on 8/9/13 and afterwards: back and knee braces, cane, opioids, NSAIDs, Lidoderm patches, Nexium (for drug-related dyspepsia), and Ambien (for sleep due to insomnia from back pain). On a more recent office visit with his treating physician (1/13/14) the worker complained of constant right sided back pain and pain radiating to his right leg with a heavy numbness in the right leg and weakness. He reported left knee pain with limited mobility and difficulty walking. His back pain was rated at a 8/10 and left knee pain an 8/10 as well, which is similar to previous pain rating reports. The pain had been getting worse over the past months. He also reported at least a 50% functional improvement with his collective medication use vs. without any. Noted, is the worker's report tht he had tried to use other sleep aids, besides Ambien, but currently uses Ambien. He uses the lidoderm for his left knee to offset the burning pain, which is helpful. He had tried TCAs in the past without benefit, according to the physician's report. Physical examination was remarkable for swelling, redness, and warmth about the left knee, decreased range of motion of the left knee and lower back, sensory loss at right lateral calf and bottom of his foot, and rigidity in the paraspinal lower back muscles with loss of lordotic curvature. His medictions were represcribed, and referred for a second opinion with an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). In this case, the worker had been using the Lidoderm patches for pain in his left knee and was getting some relief from its use. It was also noted that he had tried a TCA medication, but no specific medication, dose, or duration was mentioned, nor any specific measurement of function or pain in relation to this prior medication use before initiating the Lidoderm patches. No evidence of other first-line therapies were identified in the documents provided. Also, no separation of which part of the collective 50% functional improvement was attributed to the Lidoderm patches. Without this documentation, the Lidoderm patch 5%, #60 is not medically necessary.

AMBIEN DR 12.5MG, #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), TWC Pain Procedure Summary, 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) Mental Illness section, sedative hypnotics and Pain section, Zolpidem (Ambien) and Insomnia.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 3 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. The ODG also states that Ambien, specifically, is approved for the short-term use of insomnia, but is not recommended for long-term use, and Ambien CR has not shown to have any advantage over regular Ambien, and cause greater frequency of side effects. Cognitive behavioral therapy is preferred over chronic use of these medications, and a combined approach while weaning down on Ambien is recommended. In this worker's case, the Ambien CR was used for insomnia as his back pain made it difficult to sleep, and had been using it chronically at least over many months. No evidence from the notes provided suggested the worker had been trying cognitive behavioral therapy, and no documentation of other specific sleep aids or other failed methods was seen to help justify continuation of this medication chronically. Therefore, the Ambien CR 12.5 mg #30 is not medically necessary.