

<b>Case Number:</b>	CM14-0034296		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old male with a reported date of injury on 08/18/1999. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with neck and bilateral upper extremity symptomology. Upon physical examination, the cervical spine revealed spasms and tenderness noted in the paracervical musculature with a positive Spurling's maneuver, and the physician indicated there was reduced range of motion, with pain rated at 6/10. Upon physical exam, the physician indicated the injured worker had marked limited and cervical mobility. The cervical spine range of motion revealed flexion to 25 degrees, extension to 20 degrees, and right rotation bilaterally to 30 degrees. The clinical documentation indicated the injured worker had weakness in motor power and decreased sensation. The previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses includes cervical discopathy/stenosis, bilateral upper extremity tendinitis, cervical radiculitis, lumbosacral spine, lumbago, and anxiety and depression. The injured worker's medication regimen included Ambien, Xanax, Voltaren Gel, Lidoderm patches, zolpidem, Norco, and Nexium. The rationale for the requests were not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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) 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) Pain, Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines state that Zolpidem is a prescription short acting nonbenzodiazepines hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Previous medications may provide short term benefit. While sleeping pills, minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists are not commonly recommend for long term use. They can be habit-forming, and may impair function and memory more than opioid pain relievers. According to the clinical documentation provided for review the injured worker has utilized Ambien prior to 06/03/2013. The therapeutic benefits in the ongoing utilization of Ambien is not provided within the documentation available for review. The guidelines approve Ambien for a short term treatment (usually 2 to 6 weeks) for insomnia. In addition, the request as submitted failed to provide frequency and directions for use for Ambien. Therefore, the request for Ambien 10 mg #30 is not medically necessary.

**Voltaren gel #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary; Voltaren.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are recommended as an option. Although largely experimental in use with few randomized controlled trials to determine efficacy or safety. Although primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, Voltaren gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (in the ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Claimant information provided for review indicates the injured worker's symptoms of pain are within the spinal region. In addition, the request as submitted failed to provide frequency and direct for use and specific site at which the Voltaren gel was to be utilized. In addition, to guidelines do not recommend Diclofenac for the treatment of the spine, hip or shoulder. Therefore, the request for Voltaren gel #2 is not medically necessary.

**Lidoderm patch 5% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ; Topical Analgesics.

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

**Decision rationale:** The California MTUS Guidelines state that Lidoderm is the brand name for Lidocaine patch. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical documentation provided for review indicates that the injured worker has utilized Lidoderm patches prior to 06/03/2013. The clinical information lacks documentation related to the therapeutic benefit of the long term use of Lidoderm patches. In addition, the guidelines do not recommend Lidoderm patches beyond the use of postherpetic neuralgia. The request as submitted failed to provide frequency, directions, and specific site in which the Lidoderm patches were to be utilized. Therefore, the request for Lidoderm patch 5% #60 is not medically necessary.

**Nexium 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary updated 01/07/2014 Nexium therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The California MTUS Guidelines state that PPIs are indicated with precaution for injured workers with GI symptoms. To determine if the injured worker is at risk for gastrointestinal events and documentation would include the injured worker is greater than 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and oral anticoagulant or a high dose-multiple NSAID use. Long term use of PPIs has been shown to increase risk of hip fracture. In the documentation provided for review, indicates injured worker has utilized PPIs prior to a 06/03/2013. There is a lack of documentation related to the injured worker's gastrointestinal events to include is greater than 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and oral anticoagulant or a high dose-multiple NSAID use. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Nexium 20 mg #60 is not medically necessary.