

Case Number:	CM14-0037176		
Date Assigned:	06/25/2014	Date of Injury:	09/17/1996
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 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:

This is a 62-year-old male with a 9/17/1996 date of injury. A 3/21/14 determination was modified. There was a certification for Pennsaid solution and a non-certification for Lidoderm 5% patches and Sonata. Reasons for non-certification include no indication of failed trial of SSRI, Gabapentin, or a TCA. In addition, there is no documentation of insomnia. A 2/3/14 medical report identified low back pain with radiation to the right inguinal area and buttock, bilaterally. Pain has improved slightly on her best days at 4-6/10 in the lower back and 7-9/10 on her worst days. She is walking daily as tolerated. Sonata continues to induce sleep for at least 3 hours. Sleep continued to vary up to 5-6 hours in duration with 25-45 minutes of induction and 3 interruptions nightly due to pain. Exam revealed limited range of motion, tenderness over the sacroiliac joint, piriformis muscle, posterior iliac crest, and sciatic notch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterLidoderm Patches.

Decision rationale: The MTUS Chronic Pain Guidelines states 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). There is indication of neuropathic pain. However, there was no clear indication of failure of first line oral therapy. The date of injury is 1996 where it would be reasonable to assume that several first line medications have been tried. There was insufficient documentation to substantiate the medical necessity of this request.

Sonata 10mg capsules QTY: 30.00: 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).

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

Decision rationale: The ODG recommend Sonata as first-line medications for insomnia. In addition, short-term use (7-10 days) is indicated. There was an indication that Sonata helps with sleep initiation and provides up to 3hrs of sleep. However, it appears that this medication had been taken chronically and there was no rationale identifying the medical necessity for chronic intake. In addition, there was no indication that the patient was following a sleep hygiene regime and this had been insufficient to address the patient's sleep difficulties. As such, the request is not medically necessary and appropriate.