

Case Number:	CM14-0042455		
Date Assigned:	06/30/2014	Date of Injury:	10/13/2001
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 10/13/2001. The mechanism of injury was lifting. Her diagnoses include chronic pain syndrome, failed back syndrome with radiculopathy, lumbago, and insomnia. Her past treatments included rhizotomies at L2-3 and L3-4, multiple medications, psychological treatment, lumbar spine surgery, and right foot surgery. On 11/26/2013, the injured worker presented with complaints of chronic low back pain with radiation to the bilateral lower extremities. It was noted that her current medication regimen helped to diminish her pain on a temporary basis. Her physical examination was noted to reveal tenderness to palpation over the lumbosacral spine region, paraspinal muscle spasm on the right side, pain with range of motion, and positive straight leg raising. Her medications were noted to include Cymbalta, Ambien, Percocet, Lidoderm patches, and Valium. It was noted that she denied any side effects with the current medication regimen. The treatment plan included a urine toxicology screen, diagnostic medial branch blocks, medication refills, and consideration of a spinal cord stimulator trial. The request for Valium was noted to be to treat the injured worker's ongoing muscle spasm and increase her abilities to perform her activities of daily living with less pain, and the Lidoderm patches were noted to be recommended for neuropathic pain, as Cymbalta was denied by her insurance company. However, it was noted that Cymbalta had been beneficial. The Request for Authorization form was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: 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 Benzodiazepines, Muscle relaxants (for pain) Page(s): 24, 63-66.

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a significant risk of dependence. The guidelines further state that use should be limited to 4 weeks. The guidelines also specify that benzodiazepines are not recommended as muscle relaxants, due to the rapid development of tolerance and dependence; and there appears to be little benefit for use of this class of drugs over non-benzodiazepines for the treatment of spasm. The clinical information submitted for review indicates that the injured worker was utilizing Valium for muscle spasm and has been treated with this medication since at least 09/2013. As the guidelines do not support use of benzodiazepines for the treatment of muscle spasm; and as benzodiazepines are not recommended to be used for longer than 4 weeks, continued use is not supported. In addition, the frequency of the medication was not provided with the request. As such, the request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 request is not medically necessary. According to the Official Disability Guidelines, zolpidem may be recommended for short-term treatment of insomnia, with use limited to 2 to 6 weeks. The guidelines state that this medication may be habit-forming and may impair function and memory, increase pain, and increase depression over the long term. The clinical information submitted for review indicated that the injured worker has a diagnosis of insomnia and has been utilizing Ambien at bedtime since at least 09/2013. However, sufficient documentation was not provided, indicating benefit with use of this medication, as well as the absence of adverse side effects. Based on this, and as the guidelines do not recommend use of Ambien for long-term, the request is not supported. In addition, the request failed to provide a frequency. As such, the request is not medically necessary.

Lidoderm Patch 5% #90: 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): 56-57.

Decision rationale: The request is not medically necessary. According to the California MTUS Chronic Pain Guidelines, Lidoderm patches may be recommended after there has been evidence of a trial of first-line therapy. The guidelines further state that Lidoderm patches are not a first-line treatment and are 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 information submitted for review indicated that the injured worker was utilizing Lidoderm patches for neuropathic pain, despite positive benefit from Cymbalta, as she had been unable to get Cymbalta approved. She was noted to have significant relief with use of Lidoderm patches; however, as the guidelines do not recommend this medication over other first-line treatments, documentation would be needed showing that first-line medications in addition to Cymbalta were tried and failed. The guidelines indicated that first-line treatments could include tricyclic antidepressants, SNRI antidepressants, and anti-epilepsy drugs. In addition, the injured worker was not shown to have a diagnosis of postherpetic neuralgia, and the guidelines state that further research is needed to recommend this treatment for other chronic neuropathic pain disorders. In addition, the request failed to provide a frequency of use. For the reasons noted above, the request is not medically necessary.