

Case Number:	CM14-0049367		
Date Assigned:	07/07/2014	Date of Injury:	09/07/2004
Decision Date:	10/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 7, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; adjuvant medications; and topical agents. In a Utilization Review Report dated April 2, 2014, the claims administrator approved a request for Naprosyn, partially certified a request for Ambien, partially certified a request for Ultram, approved a request for Neurontin, and denied a request for topical Lidoderm patches. The applicant's attorney subsequently appealed. In a June 5, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant was also having ancillary complaints of vertigo. Lidodem patches, Naprosyn, Ambien, Ultram, and Neurontin were endorsed. It was stated that concurrently sought epidural steroid injections would have to be placed on hold until the applicant's vertigo stabilized. There was no explicit discussion of medication efficacy. The applicant was described as treating under "future medical care." The applicant's work status was not explicitly stated. In an earlier progress note dated February 11, 2014, the applicant reported persistent complaints of low back pain. The applicant was pending epidural steroid injection therapy, it was stated. A Toradol injection was given in the clinic. The applicant was given refills of Naprosyn, Ambien, Ultram, Neurontin, and Lidoderm, again without any explicit discussion of medication efficacy. The applicant's work status was not clearly outlined on this occasion. On June 6, 2013, the applicant was given a 13% "permanent disability" rating for the lumbar spine and a 20% "permanent disability" rating for the cervical spine. The applicant was given a Toradol injection on this date, along with refills of Lidoderm, Naprosyn, Ultram, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #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 Page(s): 7-8. Decision based on Non-MTUS Citation . Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well-informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term treatment of insomnia, on the order of 35 days. Ambien, thus, is not indicated for the chronic, long-term, and scheduled-use purpose for which it is seemingly being proposed here. The applicant, it is incidentally noted, has been using Ambien for what appears to be a span of several years, since June 6, 2013. Continuing the same is not indicated. The attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on long-term usage of Ambien beyond 35 days. Therefore, the request is not medically necessary.

Ultram 50 mg #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 When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is seemingly off of work. The attending provider has failed to outline any tangible improvements in function or material decrements in pain achieved as a result of ongoing Ultram usage. The applicant's work status, it is further noted, has not been stated on any recent progress note. For all of the stated reasons, then, the request is not medically necessary.

Lidoderm patch 5% #2 boxes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112.

Decision rationale: On page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine/Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.