

Case Number:	CM14-0053678		
Date Assigned:	07/07/2014	Date of Injury:	06/27/2003
Decision Date:	08/29/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/22/2014

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 & Rehab and is licensed to practice in Nevada. 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 records presented for review indicate that this 48 year-old individual was reportedly injured on 6/27/2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 3/20/2014, indicates that there are ongoing complaints of low back pain that radiates down the right lower extremity. The physical examination demonstrated lumbar spine: positive tenderness to palpation spinal vertebrae L4-S1 with limited range of motion with pain and positive tenderness in the right side. No recent diagnostic studies are available for review. Previous treatment includes previous surgeries medication, physical therapy, and conservative treatment. A request had been made for Lidocaine ointment 5% #60, Ambien 10 mg #30, and was not certified in the pre-authorization process on 4/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Lidocaine 5% ointment #60: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 56, 57, 112 of 127.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, there was no documentation of failure of first-line treatments. Therefore, the request is considered not medically necessary.

Prospective request for 1 prescription of Ambien 10 mg #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) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: MTUS/ACOEM does not address; therefore ODG was used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.