

Case Number:	CM14-0054289		
Date Assigned:	07/07/2014	Date of Injury:	04/14/1998
Decision Date:	12/10/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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, 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:

According to the records made available for review, this is a 47-year-old female with a 4/14/98 date of injury. At the time (2/5/14) of the request for authorization for Norco 5/325mg-1 PO tid PRN #90, Lidocaine Patches 5% 12 hours on/off #2 boxes apply as directed #60, Zofran 8mg 1 tab PO tid PRN #90, and Ambien Cr 12.5mg 1 tab PO nightly PRN #15, there is documentation of subjective (left shoulder pain) and objective (cervical spine/thoracic/lumbar spine tenderness to palpation, tenderness over the right buttock generator site, and marked weakness, contracture, and atrophy in a non-dermatomal distribution of the left upper and left lower extremities) findings, current diagnoses (late stage complex regional pain syndrome with weakness and contracture of left upper extremity and left lower extremity, status post spinal cord stimulator implant, and generator site pain), and treatment to date (medication including Norco, Lidocaine, Zofran, and Ambien for at least 6 months). Regarding Norco 5/325mg-1 PO tid PRN #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date. Regarding Lidocaine Patches 5% 12 hours on/off #2 boxes apply as directed #60, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with as a result of Lidoderm use to date. Regarding Zofran 8mg 1 tab PO tid PRN #90, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding Ambien Cr 12.5mg 1 tab PO nightly PRN #15, there is

no documentation of insomnia; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Ambien use to date; and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg-1 PO tid PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of late stage complex regional pain syndrome with weakness and contracture of left upper extremity and left lower extremity, status post spinal cord stimulator implant, and generator site pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Norco for at least 6 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325mg-1 PO tid PRN #90 is not medically necessary.

Lidocaine Patches 5% 12 hours on/off #2 boxes apply as directed #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 Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions

identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of late stage complex regional pain syndrome with weakness and contracture of left upper extremity and left lower extremity, status post spinal cord stimulator implant, and generator site pain. In addition, there is documentation of neuropathic pain. However, there is no documentation that a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. In addition, given documentation of treatment with Lidoderm patches for at least a year, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with as a result of Lidoderm use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine Patches 5% 12 hours on/off #2 boxes apply as directed #60 is not medically necessary.

Zofran 8mg 1 tab PO tid PRN #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/zofran.html>

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, Antiemetics (for opioid nausea)

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of diagnoses of late stage complex regional pain syndrome with weakness and contracture of left upper extremity and left lower extremity, status post spinal cord stimulator implant, and generator site pain. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Zofran 8mg 1 tab PO tid PRN #90 is not medically necessary.

Ambien CR 1235mg 1 tab PO nightly PRN #15: 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) Chronic Pain Chapter, Zolpidem

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or

improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of late stage complex regional pain syndrome with weakness and contracture of left upper extremity and left lower extremity, status post spinal cord stimulator implant, and generator site pain. However, there is no documentation of insomnia. In addition, given documentation of treatment with Ambien for at least 6 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Ambien use to date; and the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien CR 12.5mg 1 tab PO nightly PRN #15 is not medically necessary.