

Case Number:	CM14-0060839		
Date Assigned:	07/09/2014	Date of Injury:	02/22/2010
Decision Date:	08/13/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 57 year old with an injury date on 2/22/10. Patient complains of persistent lower back pain with radiation to left groin per 4/9/14 report. Patient rated pain at 8/10, and stated medication and physical therapy helps (but aquatic therapy helps more) per 1/29/14 report. Based on the 4/9/14 progress report provided by [REDACTED] the diagnosis is status post failed back syndrome. Most recent physical exam on 1/29/14 showed "tenderness to palpation of lower back. Pain at the left groin. Straight leg raise positive on left at 50 degrees, on the right at 70 degrees." [REDACTED] is requesting cyclobenzaprine 10mg #90, Lidocaine patch 5% #30, Zolpidem 10mg #30. The utilization review determination being challenged is dated 4/16/14 and rejects request for Lidocaine patch due to lack of documentation of neuropathic pain symptoms. [REDACTED] is the requesting provider, and he provided treatment reports from 12/11/13 to 5/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Acupuncture Medical Treatment Guidelines and on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain).

Decision rationale: This patient presents with lower back pain radiating to the groin. The treater has asked for cyclobenzaprine 10mg #90 on 4/9/14 but the request for authorization was not included in provided reports, and the requesting progress report does not mention cyclobenzaprine. Review of the report shows no history of taking Cyclobenzaprine but was taking Triazolam as of 9/11/13 per 3/3/14 QME. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request is not medically necessary.

Lidocaine Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(Lidocaine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm (lidocaine patch), p 56-57.

Decision rationale: This patient presents with lower back pain radiating to groin. The treater has asked for Lidocaine patch 5% #30 on 4/9/14 as the treater agrees with 3/3/14 QME regarding patient's medications. Patient has not taken topical Lidocaine in prior reports. Regarding topical lidocaine, MTUS recommends it for localized peripheral pain that is neuropathic. This patient has diffuse neuropathic pain from radicular symptoms. The treater also does not explain what condition this patient is using the lidoderm patches. It is likely used for low back pain for which it is not indicated. The request is not medically necessary.

Zolpidem 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment, Ambien.

Decision rationale: This patient presents with lower back pain radiating to the groin. The treater has asked for Zolpidem 10mg #30 on 4/9/14. Patient has no history of taking Ambien, but had taken Soma from 10/4/12 to 9/11/13 per 3/3/14 AME. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the treater has asked for Zolpidem 10mg #30 but does not indicate it is for short-term use per ODG guidelines. The request is not medically necessary.

