

<b>Case Number:</b>	CM14-0064397		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/27/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 and 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 58 year old with an injury date on 7/27/06. The patient complains of constant back pain with intermittent flare-ups, recently worsening with cold weather and lifting heavy objects per 4/5/14 report. Lower back pain is improving, and wrist pain is stable per 4/5/14 report. Based on the 4/5/14 progress report provided by [REDACTED] the diagnoses are: other general symptoms and other and unspecified disc disorder of lumbar region. Exam on 4/5/14 showed "L-spine range of motion restricted with normal flexion/extension but bilateral lateral bending/rotation is limited to a few degrees. Straight leg raise is positive on right. Normal reflexes, normal strength." [REDACTED] is requesting Ambien 10mg 2 tablet at bedtime, Ultram 50mg daily as needed, Lidoderm 5% patch 700mg patch apply to affected area, and Flexeril 10mg 1 by mouth as needed for muscle spasm. The utilization review determination being challenged is dated 4/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/30/13 to 4/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg 1 tablet at bedtime:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 117-119. Decision based on Non-MTUS Citation Official Disability Guidelines, formulary chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Insomnia Treatment, Ambien and Zolpidem.

**Decision rationale:** This patient presents with back pain. The provider has asked for Ambien 10mg 2 tablet at bedtime on 4/5/14. The 9/30/13 report states patient is taking Ambien as needed only. 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 patient has been taking Ambien for 6 months, but it is only indicated for short term use (7-10 days). The requested Ambien 10mg 2 tablet at bedtime is not medically necessary for this case. Therefore the request is not medically necessary.

**Ultram 50mg 1 by mouth 2 or 3 times daily as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

**Decision rationale:** This patient presents with back pain. The provider has asked for Ultram 50mg daily as needed on 4/5/14. Patient takes Ultram for pain flare ups per 4/5/14 report. Patient has been taking Ultram since 9/30/13 report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Ultram. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

**Lidoderm 5% patch 700mg /patch apply to affected area every 12 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Page 56-57 and Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** This patient presents with back pain. The provider has asked for lidoderm 5% patch 700mg patch apply to affected area on 4/5/14. Regarding topical Lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have

been tried and failed. Regarding topical Lidocaine, MTUS recommends it for "localized peripheral pain," that is neuropathic, after other agents have been tried and failed. In this case, the provider does not document where the patient is using product and with what benefit. MTUS page 60 require documentation of function and pain reduction when medications are used for chronic pain. Lidoderm patches are not indicated for chronic low back pain, but peripheral neuropathic pain. Therefore the request is not medically necessary.

**flexeril 10mg 1 by mouth as needed for muscle spasm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Page 41-42 and Muscle Relaxants Page(s): 41-42, 63-66.

**Decision rationale:** This patient presents with back pain. The provider has asked for Flexeril 10mg 1 by mouth as needed for muscle spasm on 4/5/14. Patient has taken Flexeril since 9/30/13. 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 provider 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. Therefore the request is not medically necessary.