

Case Number:	CM14-0068546		
Date Assigned:	07/14/2014	Date of Injury:	01/10/2012
Decision Date:	08/28/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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 Pain Management 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 53 year old with an injury date on 1/10/12. Patient complains of worsening lumbar and cervical pain rated 8/10 per 4/9/14 report. Patient has been denied Lidocaine patches and Meloxicam, which has affected his sleep and function, especially with the inflammation in his left lower extremity per 4/9/14 report. Patient is able to take short walks but this exercise is limited since medication was denied per 4/9/14 report. Based on the 4/9/14 progress report provided by [REDACTED] the diagnosis is chronic lower back pain and cervical spine pain on industrial basis. Exam on 4/9/14 showed moderate myofascial tenderness to palpation to the bilateral trapezius and lumbar spine with increased muscle tone. He points to worst low back as on the left side referring into the left lower extremity. Motor is antigravity x4. He ambulates using single-point cane for backup with a measured gait; no evidence of frank foot drop. [REDACTED] is requesting 1 prescription of lidocaine 5% #60 with 2 refills and 1 prescription of Zaleplon 10mg #20 with 2 refills. The utilization review determination being challenged is dated 4/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/2/13 to 4/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine 5% #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICINE Page(s): 111-113.

Decision rationale: This patient presents with back pain and neck pain. The treater has asked for 1 prescription of Lidocaine 5% #60 with 2 refills on 4/9/14. Regarding topical Lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. In this case, the patient presents with axial spinal and cervical pain, and not peripheral joint pain. The requested Lidocaine is not indicated per MTUS guidelines. The request for Lidocaine is not medically necessary.

1 prescription of Zaleplon 10mg #20 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Pain chapter online for Insomnia treatment(<http://www.odg-twc.com/odgtwc/pain.htm#Insomniatreatment>).

Decision rationale: This patient presents with back pain and neck pain. The treater has asked for 1 prescription of Zaleplon 10mg Quantity 20 with 2 refills on 4/9/14. Patient has been taking Zaleplon on 12/24/13 and 1/22/14 reports. Zaleplon (Sonata) is a non-benzodiazepine sedative-hypnotic which ODG recommends as a first-line medication for insomnia. It reduces sleep latency. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. In this case, the patient has been taking Zaleplon for more than 3 months but ODG only allows it for a maximum of 5 weeks. The request for Zaleplon is not medically necessary.