MAXIMUS Federal Services

Case Number:	CM14-0079781		
Date Assigned:	07/18/2014	Date of Injury:	07/27/2006
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 and environmental medicine, has a subspecialty in general preventive medicine and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 58-year-old male with a date of injury noted to be July 27 of 2006. Per available records, he sustained a lumbar and right wrist injury, with a later notation of a right hand injury as well. This individual received physical therapy in 2006 and 2007 with improvement noted in available records but no specific notes regarding degree or nature of improvement. Latest physical medicine notes of may 2014 indicate restricted range of lumbar motion with pain to palpation, a positive straight leg raising test but 5/5 strength throughout as well as normal lower extremity reflexes. His physician notes that this individual has multi-level disc disease and disc protrusion the symptoms of which are controlled on current medication regimen. The physician also notes that the individual suffers from gastroenteritis that makes the use of oral medication problematic, however, there is no documentation provided of a gastrointestinal diagnosis, there is also no description of neuronal involvement in his pain syndrome. Further, there is a reference in the available record to a psychiatric diagnosis but no information regarding the nature of said diagnosis. This individual has been prescribed zolpidem for insomnia, tramadol and lidocaine patches for low back pain and cyclobenzaprine for muscle spasm in the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg as needed at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter noted Page(s): 67, 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines, formulary.

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, Zolpidem, insomnia treatment.

Decision rationale: The ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, there is no record of the specific amount of time that this individual has been taking zolpidem but it is indicated from the available records that the use has been prolonged. There also has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states the specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Medical documents provided do not detail these components. As such, the request for Ambien is deemed not medically necessary.

Ultram 50mg 2 or 3 times daily at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter cited Page(s): 67, 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines, formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96,123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tramadol (UltramÂ®).

Decision rationale: Ultram is the brand name version of tramadol, which are classified as central acting synthetic opioids. California MTUS states regarding tramadol that, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The treating physician did not provide sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for tramadol is deemed 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 no chapter noted Page(s): 67, 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines, formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

Decision rationale: Chronic Pain Medical Treatment Guidelines state Lidoderm is the brand name for a lidocaine patch produced by [redacted]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents provided do not indicate that the use would be for post-herpetic neuralgia, the only FDA approved indication. Additionally, treatment notes do not detail the other first-line therapy used (anti-depressants, gabapentin, etc) and what clinical outcomes resulted. As such, the request for Lidoderm 5% patches is deemed not medically necessary.

flexeril 10mg as needed for muscle spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter cited Page(s): 67, 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines, formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42,60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

Decision rationale: California MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Up to date Flexeril also recommends Do not use longer than 2-3 weeks and is for Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. Available medical records do not indicate a specific time period that this individual has been taking Flexeril but the time period has definitely exceeded the 2-3 weeks which are recommended. As such, the request for Flexeril is deemed not medically necessary.