

Case Number:	CM14-0097843		
Date Assigned:	07/25/2014	Date of Injury:	01/03/2002
Decision Date:	12/31/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 51-year-old female with a 1/3/02 date of injury. At the time (6/3/14) of request for authorization for Ambien 5 mg. # 30, Flexeril 5 mg. # 60, and Lidoderm Patches 5% # 60, there is documentation of subjective (chronic neck and low back pain, and difficulty falling asleep (sleep latency)) and objective (spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased, painful range of motion on flexion and extension, antalgic gait, decreased sensation with pain in the L4, L5 and S1 dermatomal distributions bilaterally, and discomfort and pain with weakness on ambulation with heels and toes) findings, current diagnoses (intractable lumbar pain, lumbosacral radiculopathy, and history of lumbar fusion with intact hardware), and treatment to date (ongoing therapy with Flexeril, Ambien, and Neurontin since at least 4/8/14 with decreased pain and improved functional capacity with activities of daily living; and ongoing therapy with Lidoderm patches with decreased pain and increased function of the limbs). Regarding Ambien 5 mg. # 30, there is no documentation of short-term (two to six weeks) treatment. Regarding Flexeril 5 mg. # 60, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment. Regarding Lidoderm Patches 5% # 60, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg # 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 (ODG), Pain

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 and Title 8, California Code of Regulations

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 chronic cervicalgia, chronic lumbar backache, failed lumbar back surgery syndrome, and status post lumbar fusion. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Ambien, there is no documentation of short-term (two to six weeks) treatment. Furthermore, despite documentation of moderate pain relief with medication use, there is no (clear) 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 as a result of use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for Ambien 5 mg. # 30 is not medically necessary.

Flexaril 5 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (for pain) and Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. 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 that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of intractable lumbar pain, lumbosacral radiculopathy, and history of lumbar fusion with intact hardware. In addition, there is documentation of chronic low back pain. In addition, given documentation of ongoing therapy with Flexeril with decreased pain and improved functional capacity with activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Flexeril use to date. However,

there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Flexeril since at least 4/8/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 5 mg. # 60 is not medically necessary.

Lidoderm Patches 5% # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

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 intractable lumbar pain, lumbosacral radiculopathy, and history of lumbar fusion with intact hardware. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of ongoing treatment with Lidoderm patches with decreased pain and increased function of the limbs, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Lidoderm patch use to date. However, given documentation of ongoing treatment with Neurontin resulting in decreased pain and improved activities of daily living, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patches 5% # 60 is not medically necessary.