

Case Number:	CM14-0098823		
Date Assigned:	07/28/2014	Date of Injury:	10/04/2008
Decision Date:	12/02/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/27/2014

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 Family Medicine 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:

This is a 44 years old male patient who sustained an injury on 10/4/2008. He sustained the injury when his right foot went in to the hole, while carrying hose to a cement pump. The diagnoses include status post lumbar surgery and right knee surgery, right ankle pain, chronic pain, gastritis, diabetes mellitus and insomnia. Per the doctor's note dated 6/16/14, he had complaints of low back pain with radiation to the right lower extremity with numbness in the right calf and foot. Physical examination revealed tenderness to palpation to the upper abdomen, lumbar spine- flexion 35 and extension 5 degrees, lateral bending right /left 20/25 degrees; positive Kemp test, tenderness to paralumbar muscles and sacroiliac joint, positive straight leg raise at 45 degrees on the right, right knee- tenderness to lateral joint line and painful and weak resisted knee extension, ankles- tenderness, pain on plantarflexion and inversion; decreased sensation in right lower extremity and 4/5 strength in right ankle resisted plantarflexion. The medications list include glyburide, tramadol, docusate, zolpidem and pantoprazole. Patient was prescribed Elenza patch. He has had lumbar spine X-ray dated 3/6/14 which revealed evidence of disc implant at L4-5 with fusion of the spinous process on the right and left sides; right knee and right ankle X-rays dated 3/6/14 with normal findings; MRI lumbar spine dated 7/6/2012 which revealed post operative changes; bilateral knee ultrasound dated 1/21/14 which revealed right grade 2 medial and lateral meniscus tear, left medial meniscal degeneration; bilateral ankle ultrasound dated 1/21/14 with normal findings. He has undergone lumbar spine fusion surgery in 2012 and hardware removal on 3/14/2013; right knee arthroscopic surgery on 12/6/10; spinal cord stimulator trial on 6/4/14. He has had physical therapy visits and epidural injections for this injury. He has had urine drug screen dated 1/24/14 which was inconsistent for tramadol; report dated 4/24/13 which was inconsistent for gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elenza patch, # 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Elenza is a topical analgesic containing lidocaine and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended....." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Trial and failure of antidepressants and anticonvulsants is also not specified in the records provided. Evidence of intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of a Elenza patch, # 15 is not fully established for this patient.

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-Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 10/30/14) Zolpidem (Ambien®)

Decision rationale: Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological

measures for the treatment of insomnia was not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Zolpidem 10mg, # 30 is not fully established for this patient at this time.