

Case Number:	CM13-0019876		
Date Assigned:	11/08/2013	Date of Injury:	12/21/1994
Decision Date:	01/23/2015	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 11, 1994. In a Utilization Review Report dated August 28, 2013, the claims administrator approved a request for Flector, denied a request for Lidoderm, partially approved a request for Ambien, partially approved a request for Xanax, and partially approved a request for Topamax. The partial approval apparently represented weaning or tapering supplies. The claims administrator alluded the applicant's having undergone earlier lumbar spine surgery in 2002 and earlier cervical spine surgery on August 28, 2013. It was not clear whether this was a typographic error or not. The claims administrator stated that the decision was referenced on August 13, 2013 progress note in its denial. The applicant's attorney subsequently appealed. In a pain management consultation dated November 10, 2014, the applicant reported ongoing complaints of neck pain with associated cervicogenic headaches, highly variable, 6-9/10. The applicant has apparently undergone a cervical discectomy and fusion surgery at C3-C4, C4-C5, and C6-C7 on August 28, 2003, as stated on this occasion. The applicant had undergone lumbar fusion surgery in February 2002 with subsequent hardware removal in November 2010. The applicant had had a spinal cord stimulator implanted in September 2012. The attending provider suggested that the applicant was using Percocet, Topamax, Naprosyn, Ambien, Xanax, Flector, Colace, Senna, and Prevacid. The applicant had a variety of depressive issues. Multiple medications were refilled. The attending provider stated that the applicant needed Ambien to sleep through the night. It was stated that the applicant might need a cervical spinal cord stimulator in addition to previously implanted lumbar spinal cord stimulator. The attending provider stated that the applicant needed assistance in terms of ambulating and to perform activities of daily living such as meal preparation, bathing, dressing, and medication administration. In a February 7, 2013 progress

note, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant was using both the oral and topical medications, it was acknowledged. A well-healed incision line was noted about the cervical spine. The applicant is status post earlier cervical spine surgeries in 1999 and 2003, it was stated and status post several lumbar spine surgeries, most recently in 2010. The applicant had also undergone an abdominal hernia repair. The applicant did not appear to be working with permanent limitations in place. Topical compounded medications were renewed. DNA testing was also sought. On April 3, 2013, the applicant's pain management physician noted that the applicant had undergone cervical discectomy fusion surgery, multilevel, on August 28, 2003. The applicant did have residual cervical radicular complaints, however, it was acknowledged. The applicant's medication list, at this point, included Percocet, Ambien, Xanax, Topamax, Wellbutrin, glucosamine, diclofenac compounded cream, tramadol, Lidoderm, Flector, Colace, Lortab, and Lyrica. The applicant had ongoing neck pain complaints with derivative complaints of depression and anxiety listed as the primary and secondary diagnoses, respectively. Multiple medications were renewed. Laboratory testing was endorsed. On August 13, 2013, the applicant was again described as having multifocal pain complaints. The applicant's medication list included Percocet, Ambien, Xanax, Topamax, Naprosyn, Flexeril, Prilosec, glucosamine, tramadol, Lidoderm, Flector, Colace, and Senna. The applicant received trigger point injections on that occasion. The applicant's work status was not clearly stated on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge the topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy of antidepressants and/or anticonvulsants, in this case, however, the applicant's concurrent usage of Topamax, an anticonvulsant adjuvant medication, effectively obviated the need for Lidoderm patches at issue. It is further noted that the applicant had seemingly received and employed Lidoderm patches at issue, despite the tepid-to-unfavorable MTUS position on topical usage of Lidoderm. The applicant had, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Lidoderm. The applicant seemingly remained off of work. Ongoing usage of Lidoderm failed to curtail the applicant's dependence on opioid agent such as Percocet. The applicant was described as having difficulty performing activities of daily living and basic as administration of her own medications, self-care, personal hygiene, etc., despite ongoing Lidoderm usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches. Therefore, the request is not medically necessary.

Ambien 10mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using the drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same. The Food and Drug Administration (FDA) notes that Ambien is indicated only in the short-term treatment of insomnia, for up to 35 days. The applicant, however, has been using Ambien for a period of minimum of several months to several years. Such usage, however, is incompatible with the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on article at issue. Therefore, the request is not medically necessary.

Xanax 1mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytic such as Xanax may be appropriate for "brief periods," in case of overwhelming symptoms, in this case, however, the applicant appears to have been using Xanax for what appears to be a minimum of several months to several years. Such usage, however, is incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. Page 7 of the MTUS Chronic Pain Medical Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medication" into its choice of pharmacotherapy. In this case, however, the attending do not furnish any compelling rationale for provision of two separate sedative agents, Xanax and Ambien. Therefore, the request is not medically necessary.

Topamax 50mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate; Functional Restoration Approach to Chronic Pain Management Page(s): 21, 7..

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topamax or topiramate is still consider for use for neuropathic pain when other anticonvulsants fail, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the applicant is off of work. The applicant is having difficulty performing activities of daily living as basic as ambulating, meal preparation, dressing herself, cooking, etc., despite ongoing Topamax usage. Ongoing Topamax use has failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Topamax. Therefore, the request is not medically necessary.