

Case Number:	CM14-0191390		
Date Assigned:	11/25/2014	Date of Injury:	02/03/2000
Decision Date:	01/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 February 3, 2000. Thus far, the applicant has been treated with the following: Analgesic medications, earlier lumbar laminectomy surgery; transfer of care to and from various providers in various specialties; opioid therapy; topical agents; sleep aid; a spinal cord stimulator; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 28, 2014, the claims administrator failed to approve a request for Ambien, Lodine, and Lidoderm while apparently partially approving a request for Percocet. The claims administrator cited a September 16, 2014 progress note as a basis for its decision. The applicant's attorney subsequently appealed. In a September 16, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. It was acknowledged that the applicant was not working, either as a result of previously imposed permanent work restrictions or as a result of age (68). The applicant stated that was walking for up to three miles a day with the aid of his spinal cord stimulator and currently prescribed medications, which included Ambien, Lodine, Lidoderm, and Percocet. The applicant had undergone three prior lumbar spine surgeries, including most recently in 2003 and had undergone a permanent spinal cord stimulator implantation in 2007. The applicant's BMI is 33. The applicant was walking up to three miles a day for exercise; it was suggested on several occasions. The applicant was given refills of Percocet, Ambien, Lodine, and Lidoderm patches. It was stated that Norco and Nucynta had previously been tried and failed before Percocet had been selected. In an earlier progress note dated August 19, 2014, the applicant again reported persistent complaints of low back pain, 3/10 with medications versus 8/10 pain without medications. The applicant was able to walk up to three miles daily with his medications, it was noted. The applicant's sitting and

standing tolerance had all been ameliorated as a result of ongoing medication consumption, it was acknowledged. The applicant had recently returned from [REDACTED], and had reportedly tolerated flight appropriately. The applicant's BMI is 33. The applicant's medication list included Lodine, Ambien, and Percocet, it was acknowledged. Multiple medications and permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg #30 times 1 refill: Upheld

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

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 MTUS does specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the 30-tablet, one-refill supply of Ambien controlled release, in and of itself, represents treatment in excess of the FDA label. The applicant has, furthermore, seemingly been using Ambien for a span of several months. Such usage, however, is at odds with the FDA position. The attending provider has not, furthermore, furnished any compelling applicant-specific rationale, narrative commentary, or medical evidence which would support ongoing, unlabeled usage of Ambien here. Therefore, the request was not medically necessary.

Etodolac 400 mg #60 times 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Etodolac (Lodine) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, the applicant has responded favorably to ongoing usage of Lodine (etodolac) as evinced by diminished pain scores with ongoing usage of the same and as evinced by the applicant's maintaining regular exercise program, which reportedly includes walking up to three miles daily. Continuing the same, on balance, was therefore indicated, given

the applicant's seemingly favorable response to the same. Therefore, the request was medically necessary.

Lidoderm Patch 5% #30 times 1 refill: Upheld

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

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 that topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of oral antidepressant and/or oral anticonvulsant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of the Lidocaine patches at issue. Therefore, the request was not medically necessary.

Percocet 10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant has not returned to work, this may very well be a function of age (68) as opposed to a function of industrial injury. Moreover, the applicant's failure to return to work is outweighed here by the applicant's self-reports of reduction in pain scores from 8/10 without medications to 3/10 with medications, and also outweighed by the applicant's heightened debility to perform home exercises, including walking up to three miles daily, which the attending provider has attributed to the ongoing usage of Percocet. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.