MAXIMUS Federal Services

Case Number:	CM14-0200766		
Date Assigned:	12/11/2014	Date of Injury:	12/08/1994
Decision Date:	01/29/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old female with an injury date of 12/08/94. Based on the 10/29/14 report, the patient complains of neck pain which radiates down the bilateral upper extremities and pain level is at 8-9/10. The patient also complains of lower back pain which radiates down the left more than right lower extremity, pain level is at 7-8/10 without medications and at 5-6/10 with the use of medications. Current medications are Lidoderm Patch, Diazepam, Norco, Ambien Cr, Zanaflex, and Amitriptyline. The patient has tenderness to palpation overlying the cervical paraspinous region. Orthopedic testing of the cervical spine revealed local pain. There is palpable tenderness of the paravertebral muscles, bilaterally. The diagnoses are:1. Left leg radiculopathy2. Low back pain3. Cervical radiculopathy, status post fusion4. C6-7 severe degenerative disc disease5. L4-5 disc degeneration and moderately severe stenosis6. C5-6 pseudarthrosis7. Status post lumbar fusionThe patient is permanent and stationary disability status. The treatment plan is to receive physical therapy and continue with current medications. Based on the 04/09/14 report, the patient has had facet injections from C7-T1 bilaterally on 10/25/13 and the patient states that "the injections provided no relief of the symptoms even temporarily." The neck pain which radiates into the bilateral shoulder blades, rated as a 10/10. The lower back pain level is at 7-10/10. Medications are Lidoderm patch, Amitriptyline Hcl, Diazepam, Norco, and Ambien Cr. The treatment plan is the patient will be started on Zanaflex and request for a lumbar support. The treating physician is requesting VALIUM 10mg #10, LIDODERM PATCHES 5% #90, and AMBIEN CR 12.5mg #30. The utilization review determination being challenged is dated 11/13/14. The requesting physician provided treatment reports from 04/09/14-10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Valium 10mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with neck and lower back pain. The request is for Valium 10mg #10. There is no documentation of prior use of this medication in the provided reports. The utilization review letter shows that the request was modified to #7, for weaning purposes. MTUS page 24 states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. In this case, the reports do not show that the treater discusses this request, and whether or not the requested Valium is for a short-term use. Without a specific discussion regarding a short-term use of this medication with a specific goal or purpose, the request is not medically necessary.

1 Prescription of Lidoderm Patchse 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (chronic), Lidoderm patches.

Decision rationale: This patient presents with neck and lower back pain. The request is for Lidoderm Patches 5% #90. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." ODG guidelines for pain (chronic), it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Review of the reports shows that the patient has been utilizing Lidoderm patches. However, the treater noted on 10/29/14 report, the patient's cervical spine and lumbar spine pain is worsening which has not resolved with conservative care and home exercise program. There is no documentation of positive response or improved function to continue this medication. More importantly, the patient does not present with peripheral, localized neuropathic pain for which Lidoderm patches are indicated. The request is not medically necessary.

1 Prescription of Ambien CR 12.5mg #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 (acute & Chronic), Zolpidem (Ambien)

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 topic.

Decision rationale: This patient presents with neck and lower back pain. The request is for Ambien CR 12.5mg #30. The utilization review letter shows the request is certified with modification to #22. The reports provided show the patient has been taking Ambien since before 04/09/14. California MTUS and ACOEM Guidelines do not address Ambien; however, Official Disability Guidelines (ODG) Guidelines Pain Chapter Zolpidem topic state that Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Ambien CR is allowed up to 24 weeks, but states that Ambien CR offers "no significant clinical advantage over regular release zolpidem. Ambien Cr is approved for chronic use, but chronic use of hypnotics in general is discouraged." In this case, there is no documentation of how this medication benefits the patient. The medication has been in use since 4/9/14 and it has been more than 24 weeks, without documentation of its efficacy. ODG generally discourages chronic use of hypnotics for sleep. The request is not medically necessary.