

Case Number:	CM14-0209159		
Date Assigned:	12/22/2014	Date of Injury:	01/02/2006
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old man who sustained a work related injury on January 16, 2009. Subsequently, he developed chronic low back pain. Prior treatments included: medications, wrist brace, knee brace, 3 cortisone injections each to the neck and low back (did not help), decompression and fusion at L5-S1 in December of 2013, and physical therapy and acupuncture for the cervical spine, low back, right wrist and right knee (did not help). According to a follow-up report dated November 26, 2014, the patient stated that he has experienced an exacerbation of lower back pain radiating into the bilateral lower extremities with numbness and weakness. The patient was status post lumbar arthrodesis at the L5-S1 level on December 3, 2013. However, his symptoms did not improve. On examination, spasm and tenderness were noted in the paravertebral musculature of the lumbar spine with decreased range of motion of flexion and extension. Decreased sensation was noted over the L5 dermatomes bilaterally with pain. He had difficulty with toe and heel walking bilaterally. he was wearing a lumbar support. Work restrictions remained unchanged. The patient was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, knee sprain/strain, wrist tend/burs, shoulder tend/burs, and hand sprain/strain. The provider requested authorization for Ambien, Norco, and Lidall patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, <Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata) and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. The patient has been using Ambien since at least May of 2014. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Ambien 5mg #30 with 5 refills is not medically necessary.

Norco 10/325 #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, and Opioids long-term assessment,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 with 5 refills is not medically necessary.

Lidall patch (4% Lidocaine) #10 patches with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidocaine cream is unclear. Therefore, the request for Lidall patch cream #10 with 5 refills is not medically necessary.