

<b>Case Number:</b>	CM14-0210114		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/19/1988
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 55 year-old male who has a remote history of a work injury occurring on 09/19/88 with injury to the low back while loading a compressor on the back of a truck. Treatments included multiple lumbar surgeries done in March 1992, July 1992, September 1996, and a fourth in November 1998. He was seen on 08/18/14. He was having ongoing radiating low back pain and headaches. Pain was rated at 5-6/10. Medications are referenced as providing a 50-60% decrease in pain with increased function. Physical examination findings included decreased lumbar spine range of motion. Medications were refilled. On 09/15/14 pain was rated at 6/10. He had increasing low back pain and had fallen. Methadone 10 mg was decreased to six times per day. AndroGel, Lidoderm, OxyContin, Ambien, and Valium were also being prescribed. Authorization for physical therapy including pool therapy was requested. On 11/07/14 pain was rated at 9-10/10. He was six months status post ORIF for a right femur fracture. Physical examination findings included decreased lumbar spine range of motion and a trigger point. Medications were refilled. Weight loss was recommended. Authorization for massage therapy was requested.

### 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 #60: Upheld**

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

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

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain with a history of four lumbar spine surgeries and is status post treatment for a right hip fracture in 2014. Medications include methadone, Androgel, Lidoderm, OxyContin, Ambien, and Valium. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of his condition and therefore the continued prescribing of Valium was 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), 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) 1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain with a history of four lumbar spine surgeries and is status post treatment for a right hip fracture in 2014. Medications include methadone, Androgel, Lidoderm, OxyContin, Ambien, and Valium. Ambien (Zolpidem) is a prescription non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Ambien was not medically necessary.

**1 prescription of Androgel AAA 2 packs #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Testosterone replacement for hypogonadism.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain with a history of four lumbar spine surgeries and is status post treatment for a right hip fracture in 2014. Medications include methadone, Androgel, Lidoderm, OxyContin, Ambien, and Valium. The total MED (morphine equivalent dose) is more than 600 mg per day. In this case, absent from the information provided are an adequate history and description of the claimant's sexual dysfunction and an appropriate assessment for possible underlying causes. Sexual dysfunction due to decreased libido may be 'primary' and due to psychological causes, or secondary which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects which, in this case, could be related to several of the claimant's currently prescribed medications. Additionally, although testosterone replacement can be recommended in limited circumstances for patients taking high-dose long-term opioids, criteria include documented low testosterone levels and the results of any testosterone level testing was not provided. Therefore the request is not medically necessary.

**1 prescription of Lidoderm patch #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain with a history of four lumbar spine surgeries and is status post treatment for a right hip fracture in 2014. Medications include methadone, Androgel, Lidoderm, OxyContin, Ambien, and Valium. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. However, this claimant does not have localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.