

Case Number:	CM14-0217918		
Date Assigned:	01/07/2015	Date of Injury:	09/10/2013
Decision Date:	04/01/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a female, who sustained an industrial injury on 09/10/2013. On provider visit dated 01/29/2014 the injured worker has reported her pain was well controlled status post left shoulder decompression. On examination of left shoulder she was note do have limited range of motion. The diagnoses have included partial tear of rotator cuff. Treatment to date has included therapy. On 12/03/2014 Utilization Review non-certified Zolpidem Tab 5mg #10 with 20 refills and Lidocaine pad 5% #30, as not medically necessary. The CA MTUS Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 09/10/2013 and presents with left shoulder pain. The request is for LIDOCAINE PATCH 5% day supply #30 quantity, date 11/21/2014. There is no RFA provided and as of 01/29/14, the patient's work status is "off duty until 6-week followup." There are no reports provided prior to the UR date. On 05/27/2014, the patient had a left shoulder arthroscopy with rotator cuff repair. The 01/29/2014, the only report provided, indicates that the patient has a limited range of motion. The report with the request is not provided and there is no indication of when the patient began using this patch. 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 (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica.)" MTUS page 112 also states, "lidocaine indication: neuropathic pain, recommended for localized peripheral pain." When reading ODG Guidelines, 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, documented pain and function. The treater does not indicate where these patches are applied to or if patient presents with neuropathic pain that is localized. The patient currently has left shoulder pain and is status post left shoulder arthroscopy with rotator cuff repair. Review of the single report provided does not indicate the patient has neuropathic localized pain as required by MTUS Guidelines. Therefore, the requested lidocaine patch IS NOT medically necessary.

Zolpidem 5mg QTY: 10, 20 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 09/10/2013 and presents with left shoulder pain. The request is for ZOLPIDEM TABLETS 5 mg day supply quantity #20 date 11/21/2014. There is no RFA provided and the patient is currently off duty until 6-week followup, as of the 01/29/2014 report. The report with the request is not provided and there is no indication of when the patient began taking this medication. MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) state, "zolpidem (Ambien, generic available, Ambien CR) is indicated for short-term use of insomnia with difficulty of sleep onset (7 to 10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long-term studies have found Ambien CR to be effective for up to 24 weeks in adults." Review of the reports provided does not indicate if the patient has insomnia. ODG Guidelines support the use of Ambien for 7 to 10 days with insomnia. However, none of the reports mention the patient having any sleeping conditions. Therefore, the requested zolpidem IS NOT medically necessary.

