

Case Number:	CM15-0001605		
Date Assigned:	01/12/2015	Date of Injury:	05/22/2007
Decision Date:	03/16/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 66 year old female with a work injury dated 5/22/07. The diagnoses include chronic lumbar pain s/p failed lumbar spine surgery; status post 8/21/13 surgical placement permanent spinal arachnoiditis spinal cord stimulator; moderate obstructive sleep apnea. Under consideration are requests for Zolpidem and Lidoderm patches. There is a 12/17/14 progress note that states that the patient complains that her spinal cord stimulation battery burns. She complains of increased low back and hip pain. She complains of continuing headaches. She has depression. There is low back pain radiating to her left lower extremity with numbness and pain in her feet and toes and left ribs. She has decreased memory, concentration and is forgetful. She has insomnia. She is trying to restart senior citizen exercise center. She is using CPAP every night. On exam there is a positive SLR bilaterally. There is lumbar spine spasm and decreased range of motion. The EMG/NCS BLE right L3-4, right foot arch D1,2,3 and left D5. Perineal decreased pinprick light touch. Her meds are Neurontin, Savella, Zolpidem, Topiramate. The treatment plan includes Zolpidem; Lidoderm patches for thoracic and lumbar spine; follow up psych; continue home CPAP; pain management follow up. Her granddaughter helps with cleaning and housework. She has home health visits authorized 3/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30, 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 (ODG) , Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress

Decision rationale: Zolpidem 10mg #30, 5 refills is not medically necessary per the ODG. The MTUS Guidelines do not address insomnia or Zolpidem. The ODG states that Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates that the patient complains of decreased memory, concentration and depression. The ODG does not recommend Zolpidem long term as is being used in this case. The request for Zolpidem is not medically necessary.

1 prescription, Lidoderm patches: Upheld

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

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

Decision rationale: 1 prescription, Lidoderm patches is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that 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). This 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 post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The request does not indicate a strength of Lidoderm. For these reasons the request for Lidoderm Patches is not medically necessary.