

Case Number:	CM15-0132537		
Date Assigned:	07/20/2015	Date of Injury:	12/30/2004
Decision Date:	08/26/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/09/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 57 year-old female who sustained an industrial injury on 12/30/04. The injured worker complained of neck, back, and upper-lower extremity pain. Initial diagnoses are not available. Current diagnostic impressions include status post C5-6 anterior discectomy and cervical fusion, left shoulder rotator cuff repair, postconcussive headache syndrome, chronic pain syndrome, status post left knee arthroscopy, trigger fingers, status post right carpal tunnel release, multilevel lumbar spondylosis, lumbar facet syndrome status post facet rhizotomy, right sacroiliitis, status post right rotator cuff tear with recurrent tear and retraction, depressive disorder, histrionic and dependent personality trait, and left carpal syndrome. Diagnostic testing and treatment to date has included radiographic imaging, surgery, epidural injections, physical therapy, and symptomatic medication management. Currently, the injured worker has complaints of back, and upper extremity pain. Plan of care is to continue with prescribed medications. Requested treatments include Ambien 10mg #30, Lidoderm patch 5%, #30, and Prilosec 20mg, #30. The injured worker's status is reported as permanent and stationary. Date of Utilization Review: 06/05/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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, Treatment Index, 11th Edition, 2013, Pain Chapter, 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) Insomnia Treatment.

Decision rationale: Ambien is indicated for short-term treatment of insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Without further details regarding the treatment plan and reasoning as to why more appropriate long-term treatment modalities are considered ineffective, the request is not medically necessary at this time.

Lidoderm patch 5%, #30: 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 patches Page(s): 56-57.

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/ SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence in the provided records to support continued use of Lidoderm patches, and therefore the request for topical lidocaine is not medically necessary at this time.

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: It is not clear from the provided records whether or not the patient is currently taking NSAIDs. The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Prilosec being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records. Therefore, the request is not medically necessary at this time.