

Case Number:	CM15-0141667		
Date Assigned:	07/31/2015	Date of Injury:	03/28/2012
Decision Date:	08/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

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

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 61 year old female, who sustained an industrial injury on 3-28-2012. The injured worker was diagnosed as having chronic knee pain and history of left total knee arthroplasty. A history of anxiety, depression, and insomnia was documented. Treatment to date has included diagnostics, knee surgery (10-2014), physical therapy, and medications. Currently, the injured worker reported for pain management follow-up and reported unchanged pain. She ambulated with a single point cane. Her bilateral knees showed decreased range of motion with tenderness to palpation. She was out of her medications and requested refills. Her sleep pattern was not documented. Medications included Norco, Celebrex, Ambien, and Lidoderm patches. Her work status was total temporary disability. The use of Lyrica and Ambien was referenced in a progress report from 12-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 1 refill: 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 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): (1) Chronic Pain, Zolpidem; (2) Mental Illness & Stress, Insomnia; (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in March 2012, is being treated for chronic knee pain, and has a history of a left total knee replacement. When seen, she had run out of medications. There was ambulating slowly with a cane. There was decreased range of motion and tenderness. Norco, Ambien, Celebrex, and Lidoderm were refilled. Diagnoses also include depression, anxiety, and insomnia due to anxiety and pain. The claimant also has hypertension, diabetes, fibromyalgia, and is obese. With a BMI of nearly 42. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as possible obstructive sleep apnea, anxiety, and nighttime pain could be treated directly. The requested Ambien was not medically necessary.

Lidoderm patches 5%, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work-related injury in March 2012 and is being treated for chronic knee pain and has a history of a left total knee replacement. When seen, she had run out of medications. There was ambulating slowly with a cane. There was decreased range of motion and tenderness. Norco, Ambien, Celebrex, and Lidoderm were refilled. Diagnoses also include depression, anxiety, and insomnia due to anxiety and pain. The claimant also has hypertension, diabetes, fibromyalgia, and is obese. With a BMI of nearly 42. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, although the claimant is able to take an oral NSAID, there are other topical treatments that could be considered. Lidoderm was not medically necessary.