

Case Number:	CM15-0145376		
Date Assigned:	08/06/2015	Date of Injury:	08/29/2012
Decision Date:	09/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 50-year-old male, who sustained an industrial injury on 8-29-2012, due to continuous trauma. The injured worker was diagnosed as having lumbar strain-sprain. Other diagnoses included depression and anxiety (per the progress report (4-17-2015)). Treatment to date has included diagnostics, lumbar injections, physiotherapy, and medications. A progress report (1-22-2015) noted dispensed medications as Anaprox, Fexmid, Protonix, and Ambien, with prescription for Norco. Currently, the injured worker complains of severe back pain, rated 8 out of 10, with numbness and weakness radiating to his low back, and right leg to foot. Exam of the lumbar spine noted mild decrease in range of motion upon flexion and extension. Kemp's test and straight leg raise test was positive. Gastrointestinal complaints were not noted. Sleep pattern was not described. He was dispensed Zolpidem, Cyclobenzaprine, and Diclofenac. He was prescribed Omeprazole and Lidoderm patches 5%. Work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/Zolpidem.

Decision rationale: According to the ODG, zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term treatment of insomnia. It is approved for short-term (usually two to six weeks) treatment of insomnia. There is concern that pain relievers such as zolpidem may increase pain and depression overtime. The medical record in this case does not provide any indication for the use of zolpidem. There is no diagnosis or mention of insomnia. The worker does have diagnoses of depression and pain that can be worsened by this medication. Furthermore, this worker has been on this medication for at least several months, which far exceeds the short-term recommendation. Zolpidem is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker had any of these risks for gastrointestinal events. There was also no other indication listed for the use of omeprazole such as peptic ulcer or GERD. Therefore, omeprazole cannot be considered to be medically necessary.

Diclofenac Sodium 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 22 and 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS, non-steroidal anti-inflammatory drugs such as diclofenac may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The record indicates no benefit from the use of non-steroidal anti-inflammatory drugs with this worker or of a trial of

acetaminophen. Although the short-term use of and NSAID for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be medically necessary, particularly with no documentation of benefit after having already been on the medication for an extended period of time.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines First line therapy Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Topical lidocaine is "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." The MTUS also states, "Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, the topical lidocaine is being prescribed for radiculopathy which is neuropathic pain of central origin (at the nerve root) and not peripheral. Therefore, topical lidocaine cannot be considered medically necessary in this case even though the pain may be considered neuropathic. There is no indication from the record that this worker has peripheral neuropathic pain. Furthermore, there is no indication that there has been a trial of a first-line medication.