

Case Number:	CM15-0146550		
Date Assigned:	08/07/2015	Date of Injury:	01/24/1994
Decision Date:	09/22/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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: California, Hawaii

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 68 year old female, who sustained an industrial injury on 1-24-1994. She reported an assault by a psychiatric patient. The injured worker was diagnosed as having cervical facet arthropathy, cervical radiculopathy, status post cervical spinal fusion, lumbar facet arthropathy, lumbar radiculopathy, bilateral hip pain, depression, insomnia, chronic pain, other, and post-traumatic stress disorder. Treatment to date has included diagnostics, cervical spinal surgery in 1996, medications, transcutaneous electrical nerve stimulation unit, lumbar epidural steroid injection, mental health treatment, and pool therapy. Currently, the injured worker complains of neck pain with radiation to the upper extremities, low back pain with radiation to the lower extremities, bilateral hand pain, bilateral foot pain, abdominal pain, ongoing headaches, and insomnia. Pain was rated 8 out of 10 with medications and 10 out of 10 without. She was in bed most of the time. Interference with activities of daily living due to pain was rated 9 out of 10. A bilateral L5-S1 lumbar epidural steroid injection was documented on 4-17-2015. She reported 50% overall improvement for 6 weeks. Exam of the lumbar spine noted spasm. Tenderness to palpation was noted at L4-S1 levels. Range of motion was limited due to pain. Sensation was decreased along the L4-S1 dermatomes in bilateral lower extremities, along with decreased motor strength at these levels. Straight leg raise test was positive bilaterally. She was currently not working. The treatment plan included bilateral lumbar epidural steroid injections under fluoroscopy at L5-S1 and renewal of medications, including Ambien and Lidocaine 5% ointment. The use of Ambien and Lidocaine ointment was noted since at least 8-2014, at which time pain was rated 7 out of 10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 lumbar epidural under fluoroscopy Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with neck pain that radiates down bilateral upper extremities and low back pain that radiates down bilateral lower extremities. Additionally, the patient suffers from insomnia associated with her ongoing pain. The current request is for one L5-S1 lumbar epidural under fluoroscopy, left. The patient is status post lumbar ESI bilateral L5-S1, 4/17/15. Post procedure the patient reports 50% overall improvement for 6 weeks with improved mobility, sleep and ability to travel. The treating physician notes on 6/22/15 (76B), the patient's previous lumbar ESI provided a positive response and requests an additional lumbar ESI using fluoroscopy. MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the clinical history does document a history of successful treatment with prior ESI. There is documented 50% pain relief for 6 weeks; however, there was no associated reduction of pain medication during this time. The current request is not medically necessary.

Right L5-S1 lumbar epidural under fluoroscopy Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with neck pain that radiates down bilateral upper extremities and low back pain that radiates down bilateral lower extremities. Additionally, the patient suffers from insomnia associated with her ongoing pain. The current request is for one L5-S1 lumbar epidural under fluoroscopy, right. The patient is status post lumbar ESI bilateral L5-S1, 4/17/15. Post procedure the patient reports 50% overall improvement for 6 weeks with improved mobility, sleep and ability to travel. The treating physician notes on 6/22/15 (76B), the patient's previous lumbar ESI provided a positive response and requests an additional lumbar ESI

using fluoroscopy. MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the clinical history does document a history of successful treatment with prior ESI. There is documented 50% pain relief for 6 weeks; however, there was no associated reduction of pain medication during this time. The current request is not medically necessary.

Ambien 10mg Qty: 60.00: 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)- TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Pain Chapter, Zolpidem (Ambien®).

Decision rationale: The patient presents with neck pain that radiates down bilateral upper extremities and low back pain that radiates down bilateral lower extremities. Additionally, the patient suffers from insomnia associated with her ongoing pain. The current request is for Ambien 10mg, quantity 60. The treating physician notes on 6/22/15 (76B), Ambien has been beneficial with intended effects at its prescribed does. Ambien (zolpidem) is not addressed in the MTUS Guidelines. ODG states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). The clinical records provided indicate this patient has been taking this medication since at least 12/22/14 (9B) which is well beyond the recommended 7-10 days. The current request is not medically necessary.

Lidocaine 5% ointment Qty: 240.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with neck pain that radiates down bilateral upper extremities and low back pain that radiates down bilateral lower extremities. Additionally, the patient suffers from insomnia associated with her ongoing pain. The current request is for Lidocaine 5% ointment, quantity 240. The treating physician notes on 6/22/15 (76B), Lidocaine ointment has been prescribed to manage peripheral neuropathic pain. MTUS guidelines do recommend topical analgesics. MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason,2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The patient has been using Lidocaine 5% ointment since at least 12/22/14 (9B) which is beyond guideline recommendations. Furthermore, MTUS guidelines allow only a patch formulation for lidocaine: "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The current request is not medically necessary.