Case Number:	CM15-0147704		
Date Assigned:	08/10/2015	Date of Injury:	01/18/2012
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44 year old male, who sustained an industrial injury on January 18, 2012. He reported low back and lower extremity pain. Treatment to date has included surgery, lumbar epidural steroid injections, work hardening therapy, electrodiagnostic study, MRI, chiropractic care and home exercise program. Currently, the injured worker complains of low back pain that radiates down his lower extremities bilaterally (left greater than right). He reports worsening pain in the morning and at night. He also reports symptoms of insomnia. The injured worker is currently diagnosed with lumbar disc displacement without myelopathy, sacrum disorder and sciatica. His work status is permanent and stationary and he is currently working full duty. A physical therapy note dated September 26, 2014 states the injured worker achieved set goals for therapy. In a note dated June 10, 2015, it states the injured worker experiences a reduction in pain from 8 on 10 to 3 on 10 with medication. The note also states he uses Lidoderm patches during the day for pain relief. The note further states the injured worker experiences improved sleep with Ambien. The medication allows him to sleep longer, which in turn allows for improved function the following day. The note states the injured worker has experienced therapeutic failure on Rozerem, Remeron and Trazodone. The injured worker experienced pain relief from surgical intervention and minimal benefit from steroid injections, per note dated June 10, 2015. The therapeutic response to home exercise and chiropractic care was not included in the documentation. The following medications, Lidoderm 5% patch 700 mg per patch #30 (for pain relief) and Ambien 5 mg #30 (to assist with sleep) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch % (700mg/patch) #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patch (700 mg/patch) #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; disorders sacrum; and sciatica. The date of injury is January 18, 2012. The request for authorization is June 26, 2015. The earliest progress note indicating a Lidoderm patch prescription is dated October 13, 2014. Ambien was started May 13, 2015. According to the May 13, 2015 progress notes, the injured worker complained of ongoing insomnia that was not responsive to Rozerem. According to a June 10, 2015 progress note, the injured worker has ongoing low back pain. Sleep is improved and the injured worker "sleeps longer". Pain scale is 3/10. Objectively, the physical examination is unremarkable. There is no documentation indicating subjective or objective neuropathic pain. There is no documentation demonstrating objective functional improvement to support ongoing Lidoderm patches. Consequently, absent clinical documentation with neuropathic symptoms and neuropathic signs and documentation demonstrating objective functional improvement, Lidoderm 5% patch (700 mg/patch) #30 is not medically necessary.

Ambien 5mg #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 (ODG), 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) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 5 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; disorders sacrum; and sciatica. The date of injury is January 18, 2012. The request for authorization is June 26, 2015. The earliest progress note indicating a Lidoderm patch prescription is dated October 13, 2014. Ambien was started May 13, 2015. According to the May 13, 2015 progress notes, the injured worker complained of ongoing insomnia that was not responsive to Rozerem. Ambien was started in its place. According to a June 10, 2015 progress note, the injured worker has ongoing low back pain. Sleep is improved and the injured worker "sleeps longer." Ambien is indicated for short-term (7-10 days). The treating provider continued Ambien in excess of the recommended guidelines with the start date of May 13, 2015. There was no subsequent documentation demonstrating objective functional improvement, although the injured worker did admit to improved sleep. Consequently, absent compelling clinical documentation to support ongoing Ambien in excess of the recommended guidelines for short-term use (7-10 days) and documentation demonstrating objective functional improvement, Ambien 5 mg #30 is not medically necessary.