

Case Number:	CM15-0165049		
Date Assigned:	09/02/2015	Date of Injury:	02/01/2000
Decision Date:	10/15/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/22/2015

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
 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 60 year old male, who sustained an industrial injury on February 1, 2000. He reported falling off a crate while repairing an engine, striking both elbows and forearms, landing on his knees and hitting his stomach against the car. The injured worker was diagnosed as having chronic pain, cervical radiculopathy, lumbar radiculopathy, occipital neuralgia, cervicgia headaches, gastroesophageal reflux disorder (GERD), and history of gastrointestinal (GI) bleed. Treatments and evaluations to date have included MRIs, electrodiagnostic studies, home exercise program (HEP), cortisone injections, physical therapy, acupuncture, chiropractic treatments, epidural steroid injection (ESI), cervical spine surgery, and medication. Currently, the injured worker reports neck pain that radiates down the bilateral upper extremities, bilateral occipital, temporal, and frontal headaches, moderate difficulty with sleep, and low back pain radiating down the bilateral lower extremities. The Initial Pain Management Evaluation dated July 14, 2015, noted the injured worker rated his pain as 6 out of 10 with medications and 8-9 out of 10 without medications. The injured worker reported his pain as recently worsened, with GERD related gastrointestinal (GI) upset. Physical examination was noted to show cervical spine vertebral tenderness at C5-C7 with occipital tenderness upon palpation bilaterally, and range of motion (ROM) moderately limited. The lumbar spine range of motion (ROM) was noted to be moderately limited secondary to pain with straight leg raise positive bilaterally in the seated position. The injured worker was noted not to be working, currently retired. The injured worker was noted to be using Alprazolam for two years for insomnia, transitioning to Ambien. The

treatment plan was noted to include renewal of medications including Ibuprofen and Omeprazole, with prescriptions for Ambien, Celebrex, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for 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, Pain (Chronic) Zolpidem (Ambien) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Zolpidem (Ambien).

Decision rationale: Based on the 7/14/15 progress report provided by the treating physician, this patient presents with constant neck pain radiating down bilateral upper extremities with constant numbness and headaches, as well as low back pain radiating down bilateral lower extremities with constant numbness to the toes, overall pain rated 7/10 with medications and 8-9/10 without medications. The treater has asked for 1 PRESCRIPTION FOR AMBIEN 10MG #30 on 7/14/15. The patient's diagnoses per request for authorization dated 7/17/15 are cervical radiculopathy, lumbar radiculopathy, and GERD. The patient is s/p physical therapy, acupuncture, chiropractic treatments, cervical epidural steroid injection, all with limited benefit per 7/14/15 report. The patient has been taking medications for some time and feels they are helpful per 5/13/15 report. The patient is s/p cervical fusion C3-C7 of unspecified date per 5/13/15. The patient reports GERD related gastrointestinal upset per 7/14/15 report. The patient is s/p MRI of lumbar spine, MRI of cervical spine per 7/14/15 report. The patient's work status is "currently not working" per 7/14/15 report. ODG, Pain (Chronic) Chapter under Zolpidem (Ambien) states: "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. (Feinberg, 2008)" Ambien is not included in list of prior medications per review of reports dated 2/9/15 to 7/14/15. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the patient has been prescribed Ambien "10mg 1 po q hs prn insomnia #30" per requesting 7/14/15 report. However, the request for quantity 30 does not indicate intended short-term use, and exceeds ODG indications. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

1 prescription for Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 7/14/15 progress report provided by the treating physician, this patient presents with constant neck pain radiating down bilateral upper extremities with constant numbness and headaches, as well as low back pain radiating down bilateral lower extremities with constant numbness to the toes, overall pain rated 7/10 with medications and 8-9/10 without medications. The treater has asked for 1 PRESCRIPTION FOR LIDODERM PATCH 5% #30 on 7/14/15. The patient's diagnoses per request for authorization dated 7/17/15 are cervical radiculopathy, lumbar radiculopathy, and GERD. The patient is s/p physical therapy, acupuncture, chiropractic treatments, cervical epidural steroid injection, all with limited benefit per 7/14/15 report. The patient has been taking medications for some time and feels they are helpful per 5/13/15 report. The patient is s/p cervical fusion C3-C7 of unspecified date per 5/13/15. The patient reports GERD related gastrointestinal upset per 7/14/15 report. The patient is s/p MRI of lumbar spine, MRI of cervical spine per 7/14/15 report. The patient's work status is "currently not working" per 7/14/15 report. MTUS, Topical Analgesics section, pg. 112: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Treater is requesting Lidoderm 5% patch in 7/14/15 report, noting that "this patient has neuropathic lumbar spine pain associated with disc pathology." In this case, the patient has diffuse neuropathic pain from radicular symptoms. The treater states that the Lidoderm patches are intended for the patient's low back pain, for which it is not indicated. The request IS NOT medically necessary.