

Case Number:	CM15-0182821		
Date Assigned:	09/23/2015	Date of Injury:	08/27/2001
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic neck and low back pain (LBP) with derivative complaints of anxiety and depression reportedly associated with an industrial injury of August 27, 2001. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve requests for Lidoderm patches and Ambien. An August 27, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported highly variable neck and back pain, 7 to 10/10. The applicant was on Norco. The treating provider contended that the Norco was ameliorating the applicant's ability to perform self hygiene with less pain. The applicant was on earlier failed cervical lumbar spine surgery as well as left and right carpal tunnel surgeries, it was reported. The applicant was receiving psychological counseling to address the derivative complaints of depression, it was reported. The applicant was on Ambien, Pristiq, Klonopin, Lidoderm patches, Motrin, Protonix, and Norco, it was acknowledged. Physical therapy was sought while multiple medications were renewed and/or continued, including Norco. The applicant's permanent work restrictions were likewise renewed. There was no explicit mention whether the applicant was or was working with said limitations in place, although this did not appear to be the case. On a June 11, 2015 psychology note, the applicant was described as having "disabling" symptoms of anxiety and depression. On June 2, 2015, the attending provider appealed previously denied Ambien and Norco via a six-page appeal letter. On May 20, 2015, Lidoderm and Norco were renewed. The applicant was also described as using Ambien on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% Q12H #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work, it was suggested on a psychology note dated June 11, 2015. The applicant's permanent work restrictions were renewed, unchanged, on July 30, 2015, despite ongoing Lidoderm usage. Ongoing usage of Lidoderm failed to curtail the applicant dependence on opioid agent such as Norco. Pain complaints as high as 7 to 10/10 were evident on that date, despite ongoing usage of Lidoderm patches. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Ambien 5mg QHS #15: 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, Ambien (Zolpidem).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of the applicant-specific variable such as "other medications" into his choice of recommendations.

Here, however, the attending provider failed to outline a clear or compelling rationale for concomitant usage of two separate sedative and/or anxiolytic medications, Ambien and Klonopin, both of which the applicant was described as using on office visits of May 28, 2015 and July 30, 2015. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well-informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia for up to 35 days. Here, however, the applicant had been using Ambien for a minimum of several months prior to the date of the request. The renewal request for Ambien, thus, was at odds with the FDA label and with the ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.