

Case Number:	CM15-0193798		
Date Assigned:	10/07/2015	Date of Injury:	07/15/2000
Decision Date:	12/10/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 injured worker is a 57 year old male, who sustained an industrial-work injury on 7-15-00. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, degeneration of lumbosacral intervertebral disc, chronic pain syndrome, lumbar spondylosis, and lumbosacral radiculitis. Treatment to date has included medication, surgery (6 lumbar surgeries hardware and re-instrumentation), and diagnostics. Currently, the injured worker complains of exacerbation of chronic lumbar symptoms due to weather, rated pain as 5 out of 10. He is working his night shift job full time. Meds include Ativan, Flector 1.3% patch, Lidoderm 5% patch, Lyrica, Norco 10-325 mg, Omeprazole, Sonata, and Tizanidine. Per the primary physician's progress report (PR-2) on 9-15-15, exam notes DTR (deep tendon reflexes) of the lower extremities are 2+, diminished light touch sensation in L4, S1 on the left side dermatomal distribution, positive straight leg raise bilaterally, antalgic gait, normal posture, limited range of motion, spasms over lower paraspinals. CURES and toxicology screens were appropriate. Current plan of care includes medication for pain management and follow up. The Request for Authorization requested service to include Sonata 10mg #30 with 1 refill, Ativan 1mg #30 with 3 refills, Flector 1.3% #30 with 3 refills, and Lidoderm patches 5% #30 with 5 refills. The Utilization Review on 9-19-15 denied the request for Sonata 10mg #30 with 1 refill, modified Ativan 1mg #20, modified Flector 1.3% #30, and denied Lidoderm patches 5% #30 with 5 refills, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #30 with 1 refill: 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 (Chronic), Insomnia treatment, 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), Insomnia treatment.

Decision rationale: Zaleplon (marketed under the brand names Sonata, Starnoc and Andante) is a sedative-hypnotic, almost entirely used for the management/treatment of insomnia. It is a nonbenzodiazepine hypnotic from the pyrazolopyrimidine class. The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. Sonata 10mg #30 with 1 refill is not medically necessary.

Ativan 1mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lorazepam, 2015.

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

Decision rationale: Lorazepam is a benzodiazepine. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The original reviewer modified the request to exclude all refills. Ativan 1mg #30 with 3 refills is not medically necessary.

Flector 1.3% #30 with 3 refills: 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 (Chronic), Flector patch (diclofenac epolamine) (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), Diclofenac.

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. The original reviewer modified the request to exclude all refills. Flector 1.3% #30 with 3 refills is not medically necessary.

Lidoderm patches 5% #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain. Lidoderm patches 5% #30 with 5 refills is not medically necessary.