

Case Number:	CM15-0197467		
Date Assigned:	10/12/2015	Date of Injury:	07/16/2009
Decision Date:	11/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/07/2015

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 60-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of July 16, 2009. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve requests for Ambien and LidoPro. The claims administrator referenced an RFA form received on September 15, 2015 and an associated office visit of the same date in its determination. The applicant's attorney subsequently appealed. On September 9, 2015, the applicant reported severe complaints of neck pain radiating to the arm. The applicant stated that these symptoms were "debilitating." The applicant was on Lunesta, Norco, and Oxycodone, it was stated in one section of the note. The applicant had undergone multiple failed finger surgeries, it was reported. The applicant was placed off of work, on total temporary disability. The applicant was asked to follow up with chronic pain specialist. The applicant was asked to continue Oxycodone, Norco, and Lunesta, it was stated towards the bottom of the note. On December 15, 2015, another treating provider noted that the applicant was using Norco, Lunesta, Lidocaine patches, and Protonix. Ambien, Neurontin, LidoPro, and Senna were prescribed, it was stated towards the bottom of the note, while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - LIDOPRO-capsaicin, Lidocaine hydrochloride
<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=81000fe7FDA> Guidances & Info; NLM SPL Resources ... Capsaicin 0.0325%.

Decision rationale: No, the request for topical LidoPro ointment was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of Capsaicin, Lidocaine, Menthol, and Methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the primary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerance of other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Norco, Oxycodone, etc., effectively obviated the need for the Capsaicin-containing LidoPro compound in question. Therefore, the request is not medically necessary.

Ambien 5 mg: 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).

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), Other Medical Treatment Guidelines Food, and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that a prescribing provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, it is not clearly stated why the applicant was receiving Ambien, a sedative agent, from one provider as of September 15, 2015, and also receiving a second sedative agent, Lunesta, from another provider via a September 9, 2015 office visit. The prescribing provider failed to reconcile his decision to prescribe Ambien with the fact that the applicant was receiving Lunesta from another provider. 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 purpose has a responsibility to be well informed regarding usage of the same and should furthermore, furnish compelling evidence to support such usage. The Food and Drug Administrator (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. The renewal request for Ambien, thus, represented treatment which ran counter to the

FDA label and counter to ODG's Mental Illness and Stress Chapter Zolpidem topic, which also notes that Ambien is not recommended for long-term use purposes, but rather, should be reserved for short-term use purposes. Therefore, the request is not medically necessary.