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| Case Number: | CM15-0205148 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 07/30/2010 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial-work injury on 7-30-10. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral sprain with right radicular pain herniated disc, and depression. Treatment to date has included medication, lumbar epidural injection, acupuncture, physical therapy, and intermittent use of a lumbar corset. Currently, the injured worker complains of constant pain in the low back which ran down the right leg. There was also anxiety and depression. Medication includes Norco, Hydrocodone-Acetaminophen, Lyrica, Celebrex, Cymbalta, and Ambien. Per the primary physician's progress report (PR-2) on 9-4-15, there was tenderness to palpation and pain, limited range of motion, positive straight leg raise on the right at 30 degrees, 4 out of 5 motor weakness on the right lower extremity, hypesthesia on the right L5-S1 dermatome. The Request for Authorization requested service to include Ambien 10mg #30 with 3 refills, Voltaren gel 1% 100g with 3 refills, and Lidocaine patch #30 with 3 refills. The Utilization Review on 9-24-15 denied the request for Ambien 10mg #30 with 3 refills, Voltaren gel 1% 100g with 3 refills, and Lidocaine patch #30 with 3 refills, per Official Disability Guidelines (ODG), Pain, Insomnia treatment, Zolpidem (Ambien) and 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:

Ambien 10mg #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, Insomnia treatment, 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 chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.

Voltaren gel 1% 100g with 3 refills: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.

Lidocaine patch #30 with 3 refills: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on Lidocaine and Voltaren for several months. The request for continued and long-term use of Lidocaine patches as above is not medically necessary.