

Case Number:	CM15-0207790		
Date Assigned:	10/26/2015	Date of Injury:	03/29/2011
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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 58 year old female with an industrial injury dated 03-29-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, cervical disc degeneration and carpal tunnel syndrome. According to the progress note dated 09-18-2015, the injured worker reported back pain and right upper extremity pain. The pain radiates to the right shoulder, right arm, right forearm and right hand. The condition is associated with abnormal gait, cramps, difficulty in ambulation, muscle spasms, numbness in the right arm, numbness tingling of the affected limbs and weakness of the right arm. It is aggravated by cold environment, driving, grasping, gripping, lifting overhead use and pulling. Relieving factors include medication, rest and stretching. Pain level was 9 out of 10 on a visual analog scale (VAS). Average pain over the last month was a 9 out of 10 and lowest pain was 8 out of 10. Documentation noted that the Soma relieves muscle spasm of the right shoulder and back. The injured worker quality of sleep was poor. The injured worker awakens after one to two hours. Current Medications include Soma since at least 10-25-2013, Hydrocodone-acetaminophen, Terocin patch, Senna, Pantoprazole and Lunesta. Objective findings (08-14-2015, 09-18-2015) revealed lumbar tenderness with restricted range of motion, bilateral tenderness to palpitation of paravertebral muscles, spinous process tenderness at L3-5, tenderness over sacroiliac (SI) spine, tenderness to palpitation over the lateral epicondyle, tenderness in the right wrist over the dorsal compartment and scaph-lunate articulation, ganglion cyst in right hand and positive right carpal tunnel compression test. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Urine drug screen report dated 06-25-2015 was consistent with prescribed medications. The injured worker remains on temporary total disability. The utilization review dated 09-28-2015, non-certified the request for Pharmacy purchase of Ambien 5 mg QTY 30, Pharmacy purchase of Lidoderm 5% patch QTY 30 and Pharmacy purchase of Soma 350 mg QTY 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Ambien 5 mg QTY 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 (ODG) Pain.

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.

Decision rationale: Based on the 09/18/15 progress report provided by treating physician, the patient presents with pain to lower back and right upper extremity rated 9/10. The request is for pharmacy purchase of Ambien 5 MG QTY 30. Patient's diagnosis per Request for Authorization form dated 09/18/15 includes lumbar disc displacement without myelopathy and chronic pain syndrome. Physical examination of the lumbar spine on 09/18/15 revealed tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension 5 degrees. Positive lumbar facet loading and straight leg raise tests on the right. Examination of the right elbow revealed tenderness to palpation over the lateral epicondyle and positive Tinel's sign. Examination of the right wrist revealed tenderness noted over the first dorsal compartment, limited range of motion, and positive carpal tunnel compression test. Patient's right hand ganglion cyst has been drained by PCP recently. Patient's medications include Norco, Soma, Senna, Pantoprazole, Senna, Lunesta and Terocin patch. The patient is temporarily totally disabled, per 09/18/15 report. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine 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)" Per 09/18/15 report, Lunesta was discontinued and Ambien was initiated. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. In this case, the request for quantity 30 exceeds guideline recommendation and continued use of this medication cannot be warranted. Ambien has been included in progress report dated 10/16/15, which furthermore does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Pharmacy purchase of Lidoderm 5% patch QTY 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.

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

Decision rationale: Based on the 09/18/15 progress report provided by treating physician, the patient presents with pain to lower back and right upper extremity rated 9/10. The request is for pharmacy purchase of Lidoderm 5% patch QTY 30. Patient's diagnosis per Request for

Authorization form dated 09/18/15 includes lumbar disc displacement without myelopathy and chronic pain syndrome. Physical examination of the lumbar spine on 09/18/15 revealed tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension 5 degrees. Positive lumbar facet loading and straight leg raise tests on the right. Examination of the right elbow revealed tenderness to palpation over the lateral epicondyle and positive Tinel's sign. Examination of the right wrist revealed tenderness noted over the first dorsal compartment, limited range of motion, and positive carpal tunnel compression test. Patient's right hand ganglion cyst has been drained by PCP recently. Patient's medications include Norco, Soma, Senna, Pantoprazole, Senna, Lunesta and Terocin patch. The patient is temporarily totally disabled, per 09/18/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided medical rationale for the request, nor indicated where the patch is applied and with what efficacy. Given the patient's wrist condition, the request for Lidoderm patch would appear to be indicated. However, the patient also presents with low back pain, for which lidocaine patches are not indicated. MTUS indicates Lidocaine patches for neuropathic pain that is peripheral and localized. Lidoderm patches are not indicated for axial spine pain. In addition, treater does not document efficacy of the requested Lidocaine patches in terms of quantifiable decrease in pain and increase in function. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Pharmacy purchase of Soma 350 mg QTY 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Carisoprodol (Soma).

Decision rationale: Based on the 09/18/15 progress report provided by treating physician, the patient presents with pain to lower back and right upper extremity rated 9/10. The request is for pharmacy purchase of Soma 350 MG QTY 30. Patient's diagnosis per Request for Authorization form dated 09/18/15 includes lumbar disc displacement without myelopathy and chronic pain syndrome. Physical examination of the lumbar spine on 09/18/15 revealed tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension 5 degrees. Positive lumbar facet loading and straight leg raise tests on the right. Examination of the right elbow revealed tenderness to palpation over the lateral epicondyle and positive Tinel's sign. Examination of the right wrist revealed tenderness noted over the first dorsal compartment, limited range of motion, and positive carpal tunnel compression test. Patient's right hand ganglion cyst has been drained by PCP recently. Patient's medications include Norco, Soma, Senna, Pantoprazole, Senna, Lunesta and Terocin patch. The patient is temporarily totally disabled, per 09/18/15 report. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP.

The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Soma has been included in patient's medications per progress reports dated 06/25/15, 08/14/15, and 09/18/15. It is not known when this medication was initiated. Per 09/18/15 report, "Soma relieves spasms of right shoulder and back." However, MTUS recommends antispasmodic agents such as Soma, only for a short period (no more than 2-3 weeks). In this case, the patient has been prescribed Soma at least since 06/25/15, which 3 months from UR date of 09/18/15. In addition, the request for additional quantity 30 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.