MAXIMUS Federal Services

Case Number:	CM15-0047544		
Date Assigned:	03/19/2015	Date of Injury:	07/06/2011
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/12/2015

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 40-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with cumulative trauma at work first claimed on July 6, 2011. In a Utilization Review report dated February 17, 2015, the claims administrator failed to approve request for Lidoderm, Norco, Ambien, and Celebrex. A RFA form received on February 12, 2015 was referenced in the determination, along with a progress note of January 2, 2015.The applicant's attorney subsequently appealed. In an RFA form dated March 7, 2015, Norco, Nucynta, and Ambien were endorsed. In a progress note dated February 27, 2015, the applicant reported ongoing complaints of low back pain, 1 to 3/10 with medications versus 10/10 without medications. The applicant's medications included Nucynta, Ambien, Celebrex, Neurontin, Norco, Lidoderm, it was acknowledged. The applicant had undergone earlier shoulder surgery as well as multiple interventional spine surgery involving the lumbar spine, it was further noted. The applicant's was obese, with a BMI of 34. Nucynta, Norco, Neurontin, and Lidoderm were renewed. The applicant was also asked to continue Ambien reportedly being used nightly. The applicant was also using a TENS unit. The note was very difficult to follow and mingled historical issues with current issues. A permanent 25-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three refills of Lidoderm patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for 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 lidocaine/topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant was described as using Neurontin as of progress note of February 27, 2015, effectively obviating the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.

90 Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working with permanent limitations in place, it was suggested (but not clearly stated) on progress note of February 27, 2015 and January 30, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, including ongoing Norco consumption, these were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

20 Zolpidem tartrate 5mg: 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 Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, INDICATIONS AND USAGE. 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 zolpidem (Ambien), a sleep aide, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using an drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant was using Ambien on progress notes of January 30, 2015 and February 27, 2015. Continued usage of the Ambien, thus, represented continued treatment in excess of FDA parameters. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

Three refills of Celebrex 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Finally, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitor such as Celebrex are recommended in applicants who have a history of GI complications with nonselective NSAIDs such as Motrin or Naprosyn, in this case, however, there was no mention of the applicant having any issues with GI complications evident on progress notes of February 27, 2015 or January 30, 2015. Therefore, the request was not medically necessary.