

Case Number:	CM15-0056290		
Date Assigned:	04/01/2015	Date of Injury:	08/17/1998
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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 72-year-old female who sustained an industrial injury on August 17, 1998. The injured worker is status post left total knee replacement in 2008. The injured worker was diagnosed with lumbar disc disorder without myelopathy, thoracic/lumbosacral neuritis or radiculitis and bilateral shoulder tendinosis with impingement. According to the primary treating physician's progress report on January 6, 2015, the injured worker continues to experience increasing upper extremity symptoms with entire back pain particularly the lower back and left shoulder. The injured worker continues with residual left knee and lower extremity pain and ambulates with a cane. Examination demonstrated tenderness and spasm of the lower lumbar spine with marked reduction in range of motion especially on flexion and extension. Diffuse tenderness over the bilateral shoulders with internal range of motion and impingement was noted. Tenderness to palpation was demonstrated over the bilateral wrists with positive Tinel's and Phalen's signs. Current medications are listed as OxyContin, Oxycodone, Cymbalta, Lyrica, Ambien and Lidoderm Patches. Treatment plan consists of continuing with current medication regimen and the current request for Ambien and Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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) Zolpidem (Ambien), ODG Pain Chapter Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Zolpidem.

Decision rationale: The 72-year-old patient complains of pain in the entire back and upper extremities along with residual pain in the left knee and lower extremities, as per progress report dated 01/06/15. The request is for AMBIEN 5 mg # 30. The RFA for the case is dated 01/20/15, and the patient's date of injury is 08/17/98. Diagnoses, as per progress report dated 01/06/15, included chronic diffuse myofascial pain, intractable lumbar pain, lumbar radiculopathy, bilateral shoulder tendinosis and impingement, bilateral wrist tendinosis with carpal tunnel syndrome component, depression and anxiety. The patient is status post left knee replacement with residual pain. Medications included Oxycotin, Cymbalta, Lyrica, Lidocaine patches, and Oxycodone. The reports do not document the patient's work status. ODG guidelines, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated 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." The guidelines also state "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. Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, none of the available progress reports documents the use of Ambien. The UR denial letter states that Ambien was prescribed in progress report dated 02/16/15 which is not available for review but there was no discussion regarding the patient's sleep issues. Additionally, the ODG guidelines recommend only short-term use of Ambien lasting about 7-10 days. Hence, the current request for # 30 exceeds that recommendation and IS NOT medically necessary.

Lido patch 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57,112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The 72-year-old patient complains of pain in the entire back and upper extremities along with residual pain in the left knee and lower extremities, as per progress report dated 01/06/15. The request is for LIDO PATCH 5% # 90. The RFA for the case is dated 01/20/15, and the patient's date of injury is 08/17/98. Diagnoses, as per progress report dated 01/06/15, included chronic diffuse myofascial pain, intractable lumbar pain, lumbar radiculopathy, bilateral shoulder tendinosis and impingement, bilateral wrist tendinosis with carpal tunnel syndrome component, depression and anxiety. The patient is status post left knee replacement with residual pain. Medications included Oxycotin, Cymbalta, Lyrica, Lidocaine

patches, and Oxycodone. The reports do not document the patient's work status. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as pregabalin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that epidermal patches be 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. In this case, a prescription for Lidoderm patch was first noted in progress report dated 08/26/14. In the report dated 10/31/14, the treating physician states that the patient 'has benefited' from Lidoderm patch, Cymbalta, and Lyrica. However, there is no documentation of objective reduction in pain and improvement in function due to the patch. Additionally, there is no indication of neuropathic pain for which Lidoderm patch is indicated. Hence, the request IS NOT medically necessary.