

<b>Case Number:</b>	CM15-0056541		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a(n) 63 year old female, who sustained an industrial injury on 3/21/03. She reported pain in her lower back. The injured worker was diagnosed as having lumbago, chronic pain syndrome and sacroilitis. Treatment to date has included percutaneous electrical nerve stimulation, physical therapy and oral and topical medications. As of the PR2 dated 2/2/15, the injured worker reports pain in the lumbar spine that radiates to the left lower extremity. She reports her pain with medications is 3/10 and 4/10 without medications. The treating physician requested to continue Mobic 15mg, Edular 5mg and Lidoderm patches 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mobic 15 mg #30 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are chronic pain syndrome; sacroiliitis; post laminectomy syndrome lumbar; spinal enthesopathy; fasciitis; and low back pain. The medical record contains 11 pages. The date of injury is March 21, 2003. There is no start date to the medication. There is no documentation indicating objective functional improvement. The VAS pain score is 3/10 with medication and 4/10 without medication. As noted above, there were no comparison progress notes. The documentation dated February 2, 2015 does not contain evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement with a start date for Mobic 15 mg, Mobic 15 mg #30 is not medically necessary.

**Edular 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 Pain Chronic) regarding Edular.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain Section, Ambien (Zolpidem)).

**Decision rationale:** Pursuant to the Official Disability Guidelines, Edular 5 mg #30 is not medically necessary. Edular (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are chronic pain syndrome; sacroiliitis; post laminectomy syndrome lumbar; spinal enthesopathy; fasciitis; and low back pain. The injured worker has difficulty sleeping. The medical record contains 11 pages. The date of injury is March 21, 2003. There is no start date to the medication. There is no documentation indicating objective functional improvement. The documentation dated February 2, 2015 does not contain evidence of objective functional improvement. Edular is recommended for short-term (7 to 10 days) treatment of insomnia. Although the injured worker complains of difficulty sleeping, there is no firm diagnosis of insomnia. Additionally, there is no start date. The timeframe for Edular cannot be determined, however, Edular is in the current medication list. This is likely continued from the prior progress note not contained in the medical record. Consequently, absent clinical documentation with objective functional improvement in excess of

the recommended guidelines for short-term use (7-10 days), Edular 5 mg #30 is not medically necessary.

**Lidoderm patches 5%, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% #60 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are chronic pain syndrome; sacroiliitis; post laminectomy syndrome lumbar; spinal enthesopathy; fasciitis; and low back pain. The injured worker has difficulty sleeping. The medical record contains 11 pages. The date of injury is March 21, 2003. There is no start date to the medication. There is no documentation indicating objective functional improvement. The documentation dated February 2, 2015 does not contain evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement, the anatomical region for application and documentation of failed of first-line neuropathic medications, Lidoderm patch 5% #60 is not medically necessary.