MAXIMUS Federal Services

Case Number:	CM15-0056872		
Date Assigned:	04/01/2015	Date of Injury:	02/01/2004
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	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 51 year old female, who sustained an industrial injury on 2/1/2004. The current diagnoses are lumbar disc disorder and lumbar radiculopathy. According to the progress report dated 2/27/2015, the injured worker complains of low back pain with radiation down bilateral lower extremities. The pain is rated 5/10 with medications and 9/10 without. The current medications are Flexeril, Soma, Senokot, Lidoderm patch, Neurontin, Ambien, and Percocet. Treatment to date has included medication management, MRI of the lumbar spine, and multiple lumbar epidural steroid injections. The plan of care includes Gabapentin, Soma, Percocet, Ambien, Lidoderm patch, Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are disk disorder lumbar; and lumbar radiculopathy. The oldest progress note in the medical record coincides with the request for authorization dated February 27, 2015. There was no older documentation in the medical record to gauge the start date for Soma. Subjectively, the injured worker has continued complaints of back pain that radiates to both legs with a VAS pain scale of 5/10 with medications and 9/10 without medications. There is no documentation of objective functional improvement. As noted above, there are no comparison progress notes to determine whether subjective and objective findings have improved through the present. There were no risk assessments in the medical record and the detailed pain assessment in the medical record. Additionally, the injured worker is taking two muscle relaxants concurrently. The treating provider prescribed Flexeril at bedtime and Soma one tablet as needed during the day. Also, Soma is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation and the treating provider exceeded the recommended guidelines for short-term use (less than two weeks). Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use (two muscle relaxants taken concurrently), Soma 350mg #30 is not medically necessary.

Ambien CR 12.5mg #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).

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.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien CR 12.5 mg #30 is not medically necessary. Ambien (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 disk disorder lumbar; and lumbar radiculopathy. The oldest progress note in the medical record coincides with the request for authorization dated February 27, 2015. There was no older

documentation in the medical record to gauge the start date for Ambien. Subjectively, the injured worker has continued complaints of back pain that radiates to both legs with a VAS pain scale of 5/10 with medications and 9/10 without medications. There is no documentation of objective functional improvement. As noted above, there are no comparison progress notes to determine whether subjective findings (o sleep quality) have improved through the present. Ambien was denied previously in an earlier utilization review. The guidelines recommend the dose for women lowered from 12.5 mg to 6.25 mg for the extended release (Ambien CR) product. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term (7 to 10 days) treatment of insomnia, Ambien CR 12.5 mg #30 is not medically necessary.

Lidoderm 5% patch 700mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lidoderm (lidocaine patch).

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 5% patches #30 with five refills are 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 disk disorder lumbar; and lumbar radiculopathy. The oldest progress note in the medical record coincides with the request for authorization dated February 27, 2015. There was no older documentation in the medical record to gauge the start date for Lidoderm patch 5%. Subjectively, the injured worker has continued complaints of back pain that radiates to both legs with a VAS pain scale of 5/10 with medications and 9/10 without medications. There is no documentation of objective functional improvement. As noted above, there are no comparison progress notes to determine whether subjective and objective findings have improved through the present. There is no documentation of failed first-line neuropathic medications in the documentation. There is no documentation of the anatomical region with which to apply Lidoderm 5% patches. Consequently, absent clinical documentation with objective functional

improvement and documentation of failed first-line neuropathic medications (antidepressants and anticonvulsants), Lidoderm 5% patches #30 with five refills is not medically necessary.