

Case Number:	CM14-0117215		
Date Assigned:	08/06/2014	Date of Injury:	12/06/2005
Decision Date:	10/23/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported a date of injury of 03/02/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of status post L4 through S1 posterior lumbar fusion and decompression, and status post C3 through C7 anterior cervical decompression and fusion. Prior treatments included physiotherapy, spinal injections, and a home exercise program. The injured worker had an EMG of the upper and lower extremities on 10/04/2011 indicating right acute L5 radiculopathy and mild bilateral carpal tunnel syndrome. Surgeries included L1-2 posterior fusion on 03/20/2006, anterior cervical discectomy and fusion on 11/18/2012 and posterior lumbar interbody fusion at L4-5 and L5-S1 on 06/22/2013. The injured worker had complaints of burning right leg pain with the pain increasing at night; however, the use of medications and topical LidoPro and acupuncture helped. The clinical note dated 07/11/2014 noted the injured worker had right lower extremity enlargement. Medications included MS Contin, Norco, Neurontin, Anaprox, Fexmid, trazodone, Lidoderm patches, and Ambien. The treatment plan included tramadol and the physician's recommendation for the injured worker to continue with acupuncture, compression and elevation. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mh at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress Trazadone (Desyrel)

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

Decision rationale: The request for Trazodone 100mg q h.s. is not medically necessary. The injured worker had complaints of burning right leg pain with the pain increasing at night; however, the use of medications and topical LidoPro and acupuncture helped. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines indicate trazodone as a sedating antidepressant used to treat depression and insomnia, however, there is less evidence to support the use for insomnia but, they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The injured worker is noted to have reactionary depression and anxiety, however, there is a lack of documentation indicating the injured worker has insomnia for which trazodone is used. The guidelines indicate the use of trazodone with insomnia with a coexisting depression. The injured worker had complaints of right sided leg pain with the pain increasing at night, however, there is a lack of documentation the injured worker indicated he was unable to sleep or stay asleep. Furthermore, there is a lack of documentation the injured worker was diagnosed with insomnia for which Trazadone is used. Additionally, the request as submitted did not specify a quantity for the medication to be dispensed. As such, the request is not medically necessary.

Lidoderm patches 2 patches every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Lidoderm patches 2 patches q. day is not medically necessary. The injured worker had complaints of burning right leg pain with the pain increasing at night; however, the use of medications and topical LidoPro and acupuncture helped. The California MTUS Guidelines indicate Lidocaine for localized peripheral neuropathic pain after there is evidence of a trial of first line therapy with antidepressants or an AED such as gabapentin or Lyrica. Topical Lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Not recommended for nonneuropathic pain. There is a lack of evidence indicating the injured worker has failed a trial of first line therapy with antidepressants or an AED such as Gabapentin or Lyrica. Furthermore,

there is a lack of documentation the injured worker has peripheral neuropathy for which the guidelines indicate the use of Lidocaine. Additionally, the request as submitted did not specify an area for application. As such, the request is not medically necessary.

Ambien 10mg at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress (updated 06/12/14)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, Zolpidem (Ambien®)

Decision rationale: The request for Ambien 10mg q h.s. is not medically necessary. The injured worker had complaints of burning right leg pain with the pain increasing at night; however, the use of medications and topical LidoPro and acupuncture helped. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines indicate Ambien is a short acting nonbenzodiazepine hypnotic, which is approved for the short term use, usually 2 to 6 weeks of insomnia with difficulty of sleep onset. Proper sleep hygiene is critical to the individual's chronic pain and often is hard to obtain. These medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommended 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 they may increase pain and depression over the long term use. The injured worker had complaints of right sided leg pain with the pain increasing at night, however, there is a lack of documentation the injured worker indicated he was unable to sleep or stay asleep. Furthermore, there is a lack of documentation he injured worker has been diagnosed with insomnia for which Ambien is used. Additionally, the request as submitted did not specify a quantity for the medication to be dispensed. As such, the request is not medically necessary.