

Case Number:	CM14-0123529		
Date Assigned:	08/08/2014	Date of Injury:	05/18/2001
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 and is licensed to practice in California. 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 60-year-old female who sustained an injury on 05/18/2001. The patient was taking Norco as needed, Ambien at night for sleep, Lidoderm patch daily, Flexeril as needed for muscle spasm, and Paxil daily. According to the office visit dated 06/30/14, she had a follow-up for the chronic neck pain in the setting of cervical degenerative disc disease and radiculitis. Her pain level was 6-7/10 with medications and 10/10 without the medications. She reported that the pain severely interfered with the ability to perform activities of daily living and overall functioning was dependent on the pain level. On exam, she seemed to be unimpaired by the medications. There was moderate tenderness to palpation over cervical spine and bilateral trapezius. The cervical flexion was limited to 20 degrees, and return to neutral elicited crepitus and pain over cervical paraspinal musculature. The rotation was limited to 30 degrees and was also eliciting spasm in the left trapezius. There was severe tenderness to palpation over left intrascapular region, greatest along medial border of scapula. On neurologic exam there was dysesthesia along the anterior left forearm, left first and second digits, and over the medial border of the left scapula. Treatment plan was to continue conservative treatment measures with use of heat, ice, rest, gentle stretching, exercise, and chronic pain medication maintenance regimen. The patient was to have left C4-5 and C5-6 cervical epidural steroid injection. The patient was diagnosed with chronic pain syndrome, cervicgia, brachial neuritis or radiculitis, unspecified myalgia and myositis, drug-induced constipation, pain induced insomnia, and stable pain-induced depression. The request for Ambien 12.5mg CR, Lidoderm patch, and Flexeril 10 mg were denied on 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg CR: Upheld

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

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

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." In the absence of documented significant improvement of sleeping, and absence of documented trial of alternative strategies for treating insomnia such as sleep hygiene, the request for Ambien 12.5mg CR is not medically necessary.

Lidoderm patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: Lidoderm patch (lidocaine patch) per ODG is not recommended until after a trial of a first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial and failure of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, the medical records do not demonstrate the medical necessity as the criteria are not met, thus; Lidoderm patch is not medically necessary.

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not

document the presence of substantial muscle spasm unresponsive to first line therapy. There is no evidence of any significant improvement in pain or function with continuous use. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the request is not considered medically necessary.