

Case Number:	CM14-0147115		
Date Assigned:	09/15/2014	Date of Injury:	01/13/2013
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 61 year old female who reported injury on 01/13/2013. The mechanism of injury was not specified. The diagnoses included lumbar spinal stenosis, carpal tunnel syndrome and osteoarthritis. The Past treatments, diagnostics and surgical history were not provided. The clinical note dated 07/18/2014 noted the injured worker had sleep difficulties following her industrial injury. On 08/05/2014 the injured worker complained of constant and severe pain in her low back, neck and both hands. The physical exam findings included, her gait was normal, she had restricted range of motion in her low back, there were trigger areas in her neck, her right sacroiliac joint was tender; she had positive Tinel's in bilateral wrists, decreased sensation to pinprick on her right lateral leg, absent bilateral ankle reflex and right knee reflex. Medications included Ambien 10mg #30 and Lidoderm patch #30. The rationale for the request and the request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) tablets of Ambien 10mg: 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 Chapter

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

Decision rationale: The request for Ambien 10mg is not medically necessary. The injured worker has a history of lumbar spinal stenosis, carpal tunnel syndrome and osteoarthritis. The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. The injured worker complained of constant and severe pain in her low back, neck and both hands. The documentation indicated the injured worker had sleep difficulties; however, there is a lack of documentation detailing the specific difficulties and the duration of the difficulties. Within the provided documentation, it is not indicated how long the injured worker has been prescribed the medication. In addition, the frequency was not provided in the request. Therefore the request is not supported. As such, the request for Ambien 10mg is not medically necessary.

Thirty (30) Terocin patches: 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 Analgesics Page(s): 111-112.

Decision rationale: The request for 30 Terocin patches is not medically necessary. The injured worker has a history of lumbar spinal stenosis, carpal tunnel syndrome and osteoarthritis. The California MTUS guidelines state that topical patches are experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy of tri-cyclic, anti-depressants, gabapentin or Lyrica. The injured worker complained of constant and severe pain in her low back, neck and both hands. There is no indication of a failed trial of antidepressants or anticonvulsants as well as the lack of documentation of her current medication and their benefit. The guidelines recommend the use of Lidocaine in the form of Lidoderm only. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. In addition, the frequency was not provided in the request. As such, the request for 30 Terocin patches is not medically necessary.