

Case Number:	CM14-0160296		
Date Assigned:	10/03/2014	Date of Injury:	04/25/2005
Decision Date:	12/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 04/25/05 when he was attacked by a prison inmate with injury to his hip and low back. He ultimately underwent a lumbar decompression and fusion. Subsequent treatments included placement of a spinal cord stimulator. The claimant was seen on 02/11/14. He had previously been seen in August 2010 after implantation of a spinal cord stimulator. The stimulator had worked well for three years. Subsequent efforts at reprogramming the stimulator had failed. Physical pain was rated at 6/10. With use of the stimulator it had been at a level of 3-4/10. Physical examination findings included a mildly antalgic gait with right paraspinal muscle tenderness and tenderness over the generator site. There was pain with range with lumbar flexion and positive straight leg raising bilaterally. Authorization for removal of the stimulator was requested. He was seen on 05/27/14. Pain was rated at 6-8/10 decreased with medications to 2-3/10. Medications were Ambien 10 mg, Lidoderm, Norco 10/325 mg every six hours, and Ultram ER 100 mg per day. Physical examination findings are consistent of vital signs. Medications were continued. On 08/19/14 he was having bilateral neck and low back pain and bilateral lower extremity pain. Pain was rated at 10/10 without medications and 7/10 with medications. He was having constipation. His pain had increased over the previous few months. He was having difficulty performing activities of daily living. Physical examination findings included decreased lumbar spine range of motion with lumbar paraspinal muscle tenderness and tightness. There was positive right straight leg raising. He had decreased right lower extremity sensation. Trigger point injections were performed and he was referred for physical therapy. Authorization for an epidural injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby Drug Consult, Zolpidem Tartrate (Ambien) Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for bilateral neck and low back pain and bilateral lower extremity pain. Treatments have included a spinal cord stimulator with benefit lasting 3 years which has since become ineffective. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Ambien was not medically necessary.

Lidoderm 55 patch 700 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57 and 111-113.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for bilateral neck and low back pain and bilateral lower extremity pain. Treatments have included a spinal cord stimulator with benefit lasting 3 years which has since become ineffective. In terms of topical treatments, topical Lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

Norco 10/325 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80 and 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for bilateral neck and low back pain and bilateral lower extremity pain. Treatments have included a spinal cord stimulator with benefit lasting 3 years which has since become ineffective. Medications include Norco. When seen by the requesting provider the claimant had ongoing moderate to severe pain increasing over the previous few months and was having difficulty performing activities of daily living. Norco is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.