

Case Number:	CM14-0080535		
Date Assigned:	07/18/2014	Date of Injury:	06/09/2009
Decision Date:	09/30/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 Medicine and is licensed to practice in Texas and 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 patient is a 65 year old male who was injured on 6/9/2009. The diagnoses are left shoulder and low back pain. There are associated diagnoses of depression, anxiety and diverticulitis and reflux diseases. On 7/1/2014 [REDACTED] / [REDACTED] noted subjective complaints of 6/10 pain score on a scale of 0 to 10. There were objective findings of lumbar sacral muscle spasm and tenderness. The left shoulder findings were significant for positive Yeorgeson test, tenderness and positive impingement syndrome sign. The medications are Neurontin and Norco for pain, Paxil for depression and Prilosec for gastrointestinal disease. A Utilization Review determination was rendered on 5/22/2014 recommending non-certification for Zolpidem 5 mg #30 and Topical Lidocaine 5% / Gabapentin 10% / Ketoprofen 10% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Ambien (Zolpidem) 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, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines sedative-hypnotics Page(s): 24. Decision based on Non-MTUS Citation (ODG) Pain Chapter. Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG recommend that the use of sedative-hypnotics be limited to periods of less than 4 weeks to decreased the development of tolerance, dependency, addiction and adverse drug interactions with other sedatives. The records indicate that the patient is on chronic Zolpidem treatment. The patient is also utilizing other medications with sedating activities. The adverse effects of Zolpidem are significantly increased in the elderly. The criteria for the use of zolpidem (Ambien) 5mg #30 were not met.

Prospective request for 1 prescription of Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Lidocaine indication; Gabapentin, topical; Topical NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics , NSAIDs Page(s): 111-113.

Decision rationale: The CA MTUS recommend that topical analgesics can be utilized for the treatment of neuropathic pain when the patient cannot tolerate or have failed oral first-line medications such as NSAIDs, anticonvulsants and antidepressants. It is recommended that topical medications be tried and evaluated individually for efficacy. The records did not indicate that the patient failed oral first-line medications. There is lack of guideline support for the use of Lidocaine in combination with other products. The criteria for the use of Lidocaine 6% / Gabapentin 10% / Ketoprofen 10% were not met.