

<b>Case Number:</b>	CM14-0087647		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/08/1997
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 73 year-old female with a date of injury of 5/8/1997. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (4/16/2014) include low back pain that radiates to both legs and difficulty with gait and sleep. Objective findings (4/16/2014) include lumbar spine tenderness to palpation, decreased thoracic and lumbar range of motion, decreased ankle and patellar reflexes, and decreased sensation in both lower legs. The patient has undergone imaging studies including MRI, degenerative disc disease and moderate spinal stenosis at L4-5. The patient has undergone multiple injection therapies as well. A utilization review dated 5/1/2014 did not certify the request for 1) Lidoderm 5% Patch #30 with 6 refills, 2) Norco 10/325 mg #90, 3) Flexeril 10 mg #60 with 1 refill, and 4) Ambien 5 mg #30 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30 with 6 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM PATCHES Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical)

**Decision rationale:** According to MTUS guidelines, Lidoderm (topical lidocaine) patches are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain. MTUS states it may be recommended for localized peripheral pain after failure of first-line therapy. There is little evidence to utilize these medications for pain in the spine. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. Both guidelines state therapy should be utilized on a trial basis at first and continued if significant improvement is noted. The medical records do not provide a neuropathic indication and do not detail relevant first-line therapy outcomes. The length of therapy requested is much longer than a trial basis and there is no documented improvement while on the therapy. The records also do not include additional clarification or justification for the use of this medication. Therefore the request for Lidoderm 5% patch #30 with 6 refills is not medically necessary.

**Flexeril 10mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

**Decision rationale:** According to MTUS guidelines, Flexeril (Cyclobenzaprine) is recommended as an option for chronic pain for a short course of therapy. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include improves in function and increased activity. UpToDate also recommends that the medication not be used for longer than 2-3 weeks. ODG also states that a short course of therapy is recommended, and the addition of this medication should not be used with other agents. The medical records indicate that the patient has been on this medication for an extensive period of time, far in excess of a recommended short course. The patient is also on multiple other medications for this indication. There is no documented evidence of functional improvement, and the patient is noted to be experiencing a decrease in function over despite continued medication therapy. Therefore the request for Flexeril 10mg #60 with 1 refill is not medically necessary.

**Ambien 5mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

**Decision rationale:** The MTUS does not provide recommendations on use of Ambien (Zolpidem). ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication for an extended period of time. There has been minimal discussion of the patient's sleep hygiene or the need for variance from the guidelines. Typical sleep hygiene recommendations include "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documentation does not include results of these first line treatments, nor do they detail the specific component of sleep to be addressed. There is minimal documentation relating to the current need to continue this therapy and its effectiveness in the patient. Therefore the request for Ambien 5 mg #30 with 1 refill is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

**Decision rationale:** According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded this 2 week recommendation for treatment length, and appears to have been on this medication for an extended period of time. The treating physician does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. In fact, the documentation appears to show no improvement or a worsening in patient status despite treatment. Therefore, the request for Norco 10/325 #90 is not medically necessary.