

<b>Case Number:</b>	CM14-0099768		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48 years old male with an injury date on 04/10/2005. Based on the 06/02/2014 hand written progress report provided by [REDACTED], the diagnoses are:

1. Chronic pain syndrome- intractable severe pain 2. Myofascial pain 3. CPRS 4. Opiate withdrawal syndrome 5. Antidepressant withdrawal. According to this report, the patient complains of shoulders and hand pain. Pain is constant and is rated as an 8/10. Tenderness is noted over the cervical, thoracic, and lumbar paraspinals muscles. The 05/05/2014 report indicates that "Nexium helping a lot." The patient's current medications are Norca, Nexiem, Lyrica and Ambien. There were no other significant findings noted on this report. The utilization review denied the request on 06/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/11/2014 to 06/02/3014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg, #30, No refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory, gastrointestinal symptoms & cardi. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter; Nexium, proton pump inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 06/02/2014 report by [REDACTED] this patient presents with shoulders and hand pain. Pain is constant and is rated as an 8/10. The treater is requesting Nexium 40mg, #30, no refills, prescribed 6/2/14. Nexium was first mentioned in the 03/11/2014 report. The MTUS Guidelines state Nexium is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report do not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. The request for Nexium is not medically necessary.

**Lidocaine 5% Patches, #60, no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch),Lidocaine I Page(s): 56,57,112.

**Decision rationale:** According to the 06/02/2014 report by [REDACTED] this patient presents with shoulders and hand pain. Pain is constant and is rated as an 8/10. The treater is requesting Lidocaine 5% Patches, #60, no refills, prescribed 6/2/14. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. It is indicated for peripheral, localized pain that is neuropathic. This patient does not present with peripheral, localized pain that is neuropathic for which Lidoderm would be indicated. Furthermore, the treater does not document how Lidoderm is used with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The request for Lidocaine 5% Patches is not medically necessary.

**Ambien CR 12.5mg, #30, no refills:** 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, Ambien

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section Ambien

**Decision rationale:** According to the 06/02/2014 report by [REDACTED] this patient presents with shoulders and hand pain. Pain is constant and is rated as an 8/10. The treater is requesting Ambien CR 12.5mg, #30, no refills, prescribed 6/2/14. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for

short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Review of records show that Ambien is first mentioned in the 06/02/2014. The patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia. However, review of reports do not show the patient has insomnia. In addition, the treater is requesting #30 and does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of Ambien. Therefore, the request for Ambien is not medically necessary.