

Case Number:	CM14-0152008		
Date Assigned:	10/23/2014	Date of Injury:	07/11/2000
Decision Date:	03/24/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 64 year old female who sustained an industrial injury on 07/11/2000. She has reported constant low back pain with radiation into the lower extremities. The diagnoses have included lumbar disc degeneration and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included lumbar epidural steroid injections, oral and topical medications and physical therapy. Currently, the IW complains of constant low back pain with radiation to the lower extremities. Plans for treatment is for topical lidocaine film, Ambien for sleep, Norco for pain, Duragesic-12 transdermal film for pain, physical therapy sessions, and random quarterly urine toxicology screens. On 08/13/2014 Utilization Review non-certified a request for 1 prescription of Lidoderm 5% topical film #60 with 2 refills, noting there was no documentation of functional improvement or reduced pain from Lidoderm use. The MTUS, Chronic Pain Guidelines was cited. On 08/13/2014, 12 physical therapy sessions between 8/1/14 and 10/5/14 were Conditionally Non-Certified. The reviewer determined that additional information was reasonably necessary in order to render a decision. The quantity and outcomes of earlier visits in terms of improvement in pain level and function was requested. No reference was given. On 08/13/2014, 4 random quarterly urine toxicology screens were Conditionally Non-Certified noting that more information was needed in order to render a decision. No citation was given. On 08/13/2014, Utilization Review modified 1 prescription of Ambien 10mg #28 with 2 refills to 1 prescription of Ambien 10 mg #23 with 0 refills noting that sleeping pills are rarely recommended for long-term use and weaning was recommended for Ambien in an earlier review therefore continuation of the weaning process is appropriate.

Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem was cited. On 08/13/2014 Utilization Review non-certified a request for 1 prescription of Norco 10/325mg #224 noting that Norco is indicated for moderate to moderately severe pain. There was no documentation of improved functioning and pain. According to a prior review, the patient is currently being weaned off of Norco MTUS, Chronic Pain Guidelines, was cited. On 09/17/2014, the injured worker submitted an application for IMR for review of the Lidoderm 5% topical film #60 with 2 refills, and 1 prescription of Ambien 10 mg #28 with 2 refills-Modified to 1 prescription of Ambien 10 mg #23 with) refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm 5% topical film #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical reports indicate that the injured worker has been stable on current medication regimen and has been able to maintain functional especially with activities of daily living. She is able to function at a higher level than if she was off the current regimen. Without the current medical regimen, she would not be able to continue with her current activity level. There is no objective evidence however that there is any functional improvement of significant pain reduction with the use of Lidoderm. Review of medical records also do not indicate that the injured worker has failed trials of antidepressants and anticonvulsants in the treatment of her neuropathic pain. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 1 prescription of Lidoderm 5% topical film #60 with 2 refills is determined to not be medically necessary.

1 prescription of Ambien 10mg #28 with 2 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 (Chronic), Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia section

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management

after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The injured worker has been using Ambien chronically, and prior utilization review recommended weaning. Medical necessity of this request has not been established within the recommendations of the ODG. The request for 1 prescription of Ambien 10 mg #28 with 2 refills is determined to not be medically necessary.

1 prescription of Norco 10/325mg #224: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco); Opioids, Criteria for use; When.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports indicate that the injured worker has been stable on current medication regimen and has been able to maintain functional especially with activities of daily living. She is able to function at a higher level than if she was off the current regimen. Without the current medical regimen, she would not be able to continue with her current activity level. There is no objective evidence however that there is any functional improvement of significant pain reduction with the use of Norco. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 prescription of Norco 10/325mg #224 is determined to not be medically necessary.