

<b>Case Number:</b>	CM14-0211088		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/27/2004
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: Physical Medicine & Rehabn

### 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 61-year-old female with a date of injury of 05/27/2004. According to progress report dated 11/06/2014, the patient presents with low back and lower extremity pain with radicular pain extending to the feet. The patient is utilizing Percocet 5 per day and states that she has reduced pain by 50% and is capable of performing ADL at this dosing. She also utilizes clonazepam 1 mg half tab daily for anxiety with benefit. The patient also uses Terocin lotion, and Soma 350 mg for muscle spasms. The patient reports "minimal benefit with the clonazepam." She is taking Ambien 10 mg for improved sleep. She can sleep on average extra 3 hours with Ambien. She denies any side effects to medications. Examination of the lumbar spine revealed tenderness to palpation over the lumbosacral spine and facet joint from midthoracic at L2-L3 through L5-S1. There is pain with flexion, extension, and rotation. Straight leg raise test is positive bilaterally. There is 4+ bilateral sacroiliac joint tenderness noted. The listed diagnoses are: 1. Lumbago. 2. Encounter for therapeutic drug monitoring. 3. Encounter for long-term "current use of other medications." 4. Failed back surgery/postlaminectomy syndrome. 5. Radicular syndrome. 6. Sacroiliitis. 7. Insomnia. 8. Hip bursitis. Treatment plan is for patient to continue with medication and follow up in 4 weeks. The utilization review denied the request on 11/21/2014. Treatment reports from 05/20/2014 through 11/06/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg Qty 30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, zolpidem (Ambien)

**Decision rationale:** This patient presents with chronic low back and lower extremity pain. The current request is for Ambien 10 mg #30. The ACOEM and MTUS Guidelines do not address Ambien; however, the ODG Guidelines under the mental illness and stress chapter regarding zolpidem (Ambien) states, "Zolpidem (Ambien generic available, Ambien CR) is indicated for short-term treatment of insomnia with difficulty of onset (7-10 days)." In this case, review of the medical file indicates the patient has been utilizing Ambien as early as 06/12/2014. ODG only support short-term use of this medication. The requested Ambien is not medically necessary.

**Lidoderm Patch 5% Qty 30:** 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) Page(s): 56-57.

**Decision rationale:** This patient presents with chronic low back and lower extremity pain. The current request is for Lidoderm patch 5% qty 30. This is an initial request for this medication. The MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. In this case, the patient does not present with localized peripheral pain but suffers from chronic low back pain. In addition, there is no evidence of failed trials of antidepressants and anti-convulsants as recommended by MTUS. This patient does not meet the criteria for lidocaine patches. This request is not medically necessary.

**Clonazepam 1mg Qty 15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This patient presents with chronic low back and lower extremity pain. The current request is for clonazepam 1 mg qty #15. The MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long term use because long term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." Review of the medical file indicates the patient has been utilizing clonazepam as early as 05/20/2014. Benzodiazepines are not recommended for long-term use, and most guidelines limit use to 4 weeks. Given this medication has been prescribed for long-term use, the requested clonazepam is not medically necessary.