

<b>Case Number:</b>	CM14-0214824		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/05/1999
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 & Rehabilitation

### 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 54 year old female with an injury date of 04/05/99. Based on the 09/17/14 progress report, the patient presents with chronic pain syndrome and lumbar post-laminectomy syndrome. The patient has constant and aching back pain that radiates to bilateral lower extremity. The pain aggravates by carrying, lifting, and twisting and the pain alleviates by lying down and medications. The patient reports that activities of daily living were improved with medications. The pain level is at 4/10 with medications and at 8/10 without medications. The current medications are Ambien CR, Fenofibrate, Fentanyl, Isosorbide Dinitrate, Lidoder patch, Lyrica, Metoprolol succinate ER, Nitrostat, Norco, Skelaxin, and Trazodone. The patient has lumbar fusion surgical history (date is not given). The patient reports muscle ache and arthralgias/joint pain. There is tenderness over the bilateral paraspinal region at L4, the iliolumbar region, and the gluteus maximus. The treater prescribed Fentanyl and Norco for chronic pain syndrome. The treating physician is requesting for Lyrica 75mg #60 x 5 refills, Ambien CR 12.5mg #30 x 5 refills, Lidoderm 5% patch #90 x 5 refills, and Trazodone 50mg #60 x 5 refills. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment reports from 05/21/14-09/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #60 x 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica)), medication for chronic pain Page(s): 19-20, 60.

**Decision rationale:** This patient presents with chronic pain syndrome and lumbar post-laminectomy syndrome. The request is for Lyrica 75mg #60 x 5 refills. Review of reports shows that Lyrica 75mg was first prescribed on 03/19/14. MTUS has the following regarding Lyrica: "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." Medical records show that this patient has been taking Lyrica since 03/19/2014. The treater is presumably prescribing Lyrica for patient's pain that radiates into both legs. It is unclear as there are no discussions regarding this medication. In this case, the treater is prescribing Lyrica on a long term basis without discussing its efficacy. MTUS pg. 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The request is not medically necessary.

**Ambien CR 12.5mg #30 x 5 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, Pain

**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 & Stress chapter, Insomnia treatment.

**Decision rationale:** This patient presents with chronic pain syndrome and lumbar post-laminectomy syndrome. The request is for Ambien CR 12.5 mg #30 x 5 refills. Review of reports shows that Ambien CR was first prescribed on 03/19/14. ODG guidelines have the following regarding Ambien for insomnia: "Zolpidem [Ambien (generic available), Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." The patient has been prescribed Ambien CR since 03/19/14 based on the report dated 09/17/14, which is more than 6 months to the utilization review letter dated 11/26/14. Based on ODG, requested medication should be taken short-term, due to negative side effect profile. The request is not medically necessary.

**Lidoderm 5% patch #90 x 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm® (lidocaine patch).

**Decision rationale:** This patient presents with chronic pain syndrome and lumbar post-laminectomy syndrome. The request is for Lidoderm 5% patch #90 x 5 refills. 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 anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function." Review of reports shows that the patient has been using this medication since 04/14/14 per 09/17/14 report. However, there is no documentation of positive response or improvement regarding Lidoderm patch. More importantly, the patient does not present with peripheral, localized neuropathic pain for which Lidoderm patches are indicated. The request is not medically necessary.

**Trazodone 50mg #60 x 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** This patient presents with chronic pain syndrome and lumbar post-laminectomy syndrome. The request is for Trazodone 50mg #60 x 5 refills. Review of reports shows this medication first prescribed on 03/19/14 per 09/17/14 report. MTUS pg. 13-16 states regarding Trazodone as "Recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain... Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed." In this case, the patient has been using this medication since 03/19/14. Per 09/17/14 report, the treater noted no side effects from medications and the patient reports that medications help the patient to ride bicycle for 2-3 blocks and to walk couple blocks. However, the treater does not mention what Trazodone is doing for the patient. There is no discussion regarding the patient's sleep issues, depression and how this medication is making a difference. Given the lack of sufficient documentation demonstrating efficacy from Trazodone use, the request is not medically necessary.