

Case Number:	CM14-0090354		
Date Assigned:	07/23/2014	Date of Injury:	07/14/2006
Decision Date:	06/16/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/16/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 48 year old male who sustained an industrial injury on 07/14/06. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, lumbar and caudal epidural steroid injections, and psychiatric treatment. Diagnostic studies include x-rays and MRIs. Current complaints include back pain radiating down both legs. Current diagnoses include mood disorder, post lumbar laminectomy syndrome, lumbar disc disorder, and spinal/lumbar degenerative disc disease, and low back pain. In a progress note dated 06/02/14 the treating provider reports the plan of care as medications including Ambien, Percocet, Pepcid, Zegerid, and Lidoderm. The injured worker was recently changed from Norco to Percocet due to ineffectiveness and withdrawal like symptoms before doses. The requested treatments are Lidoderm, Ambien, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch (700mcg/patch) #30: 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 Lidocaine, Topical Analgesics, Lidocaine Page(s): (s) 56-57, page 112.

Decision rationale: The MTUS Guidelines support the use of topical lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs and problems sleeping. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 30 topical lidocaine 5% patches is not medically necessary.

Ambien CR 12.5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med.* Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 05/01/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 38.0. Up-To-Date. Accessed 05/01/2015.

Decision rationale: Ambien-CR (long-acting zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed documentation did not detail when this medication was started, but these records reported the worker had used it for at least several months. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or detailed description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Ambien-CR (long-acting zolpidem) 12.5mg is not medically

necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Percocet 10/325 #45: Upheld

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

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

Decision rationale: Percocet (oxycodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the legs and problems sleeping. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 45 tablets of Percocet (oxycodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.