MAXIMUS Federal Services

Case Number:	CM15-0014117		
Date Assigned:	02/02/2015	Date of Injury:	11/02/2006
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 11/02/2006. Diagnoses include musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc protrusion, spondylosis of the lumbar spine, and status post arthroscopy of the right shoulder with partial resection of the glenoid labrum followed by open repair of the rotator cuff. Treatment to date has included medications, physical therapy, and epidural steroid injections. A physician progress note dated 09/19/2014 documents the injured worker has right shoulder pain all the time and has limited right shoulder range of motion. He has mid and low back pain which is constant and radiates and has numbness and tingling down the right leg to the toes. He has right ankle pain and his ankle is swollen towards the end of the day. A progress report dated 02/02/2015 documents the injured worker has pain in the low back radiating to both lower extremities along the posterior aspect of the extremities into the feet. He has arachnoiditis with radiculopathy. Pain is rated 8 out o 10. He is doing well post epidural steroid injections. He has weakness in the right lower extremity. Treatment requested is for Ambien 10mg at bedtime and Lidoderm 5% 16 hours on and 8 hours off.On 01/05/2015 Utilization Review non-certified the request for Lidoderm 5% 16 hours on and 8 hours off, and cited California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Topical analgesics. On 01/05/2015 Utilization Review modified the request for Ambien 10mg at bedtime to Ambien 10 mg at bedtime, #15 to taper, and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg at bedtime: 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 insomnia medications

Decision rationale: Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. The claimant had been on Ambien for several months. Prior notes did not mention sleep response to medication. Long-term use is not recommended. Continued use of Zolpidem (Ambien) is not medically necessary.

Lidoderm 5 % 16 Hrs on and 8 Hr off: 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 topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy.In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on topical Lidocaine since at least 9/2014. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.