

<b>Case Number:</b>	CM15-0014459		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with industrial injury of July 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 17, 2015, the claims administrator failed to approve a request for Lidoderm, Norco, Ambien, and Celebrex. The claims administrator referenced January 7, 2015, progress note in its determination. The applicant's attorney subsequently appealed. In a March 6, 2015 RFA form, Ambien, Norco, Nucynta extended release were renewed. In an associated progress note of February 27, 2015, the applicant reported 3/10 pain complaints, poorly diminished from previous visits. The applicant's activity levels, however, had diminished, it was acknowledged. The applicant's medications included Nucynta, Ambien, Celebrex, Neurontin, Norco, and Lidoderm. The applicant was status post right shoulder arthroscopy and multiple lumbar medial branch blocks and radiofrequency neurotomy procedures. The attending provider stated that the applicant was using Ambien approximately two out of every three days. The applicant was obese, with a BMI of 34. The applicant was asked to continue current medications as well as a TENS unit. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. It was acknowledged that the applicant had alleged complaints of low back pain attributed to cumulative trauma associated with repetitive sitting. In a January 14, 2015 RFA form, Neurontin,

Celebrex, Nucynta, Ambien, Norco, and Lidoderm were endorsed. In an associated progress note of January 2, 2015, the applicant reported persistent complaints of low back pain, 8/10. The applicant's overall activity levels had decreased. It was again stated that the applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work. The applicant was asked to continue Nucynta, Norco, Neurontin, Lidoderm, and Ambien. Permanent work restrictions were renewed. Once again, it was not clearly established whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. On January 30, 2015, the applicant stated that her overall quality of sleep was poor owing to ongoing pain complaints.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm Patches (5%), #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressant and/or anticonvulsants, the recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged from, from visit to visit. The applicant continued to report pain complaints as high as 8/10, despite ongoing usage of Lidoderm patches. The applicant continues to remain dependent on opioid agents such as Norco and Nucynta, despite ongoing Lidoderm usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm. Therefore, the request was not medically necessary.

**Norco 10-325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same.

Here, however, the applicant was/is off of work, as suggested on several progress notes, referenced above. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant continued to report pain complaints as 8/10. The attending provider continued to report that the applicant's ability to perform activities of daily living was diminished owing to chronic pain concerns. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**Zolpidem Tartrate 5mg, #20: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation FDA - Ambien® (zolpidem tartrate) tablets

**Decision rationale:** While the MTUS did not specifically address the topic of Ambien usage, pages of 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purpose has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien (zolpidem) is indicated in the short-term treatment of insomnia, for up to 35 days. The applicant has seemingly used zolpidem (Ambien) for what appears to be a minimum of several months. Such usage, however, is incompatible with the FDA label. The attending provider did not furnish any compelling applicant-specific rationale, which would support such usage. Therefore, the request was not medically necessary, medically.

**Celebrex 100mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitor such as Celebrex can be employed in applicant's who have risk of gastrointestinal complications with non-selective NSAIDs, in this case, however, progress notes of January 2, 2015 and January 30, 2015, contained no references to the applicant's having issues with gastrointestinal complications, prior GI bleeding, gastroesophageal reflux disease, gastritis, etc. Therefore, the request was not medically necessary.