

Case Number:	CM15-0019011		
Date Assigned:	02/06/2015	Date of Injury:	04/15/1997
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: North Carolina
 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 61 year old male, who sustained an industrial injury on 4/15/1997. He has reported neck, shoulder and knee pain. The diagnoses have included gastritis and Barrett's esophagitis, cervical disc degeneration, pain in shoulder joint, and myofascial pain. He is status post right rotator cuff tear repair. Treatment to date has included Non-Steroidal Anti Inflammatory Drugs (NSAIDs), analgesic, steroid injections, radiofrequency ablation, Synvisc injections, and trigger point injections. Currently, the IW complains of neck pain with headache. On 5/15/14, physical examination documented cervical tenderness and trapezius tenderness. The plan of care included continuation of previously prescribed medications. On 1/14/2015 Utilization Review non-certified Ambien CR 12.5 mg one tablet at bedtime #30, two refills, and lidoderm 5% patch one twice daily #60 with two refills, noting the documentation failed to support decreased pain and increased functional gain with use of requested treatments. The MTUS Guidelines were cited. On 2/2/2015, the injured worker submitted an application for IMR for review of Ambien CR 12.5 mg one tablet at bedtime #30, two refills, and lidoderm 5% patch one twice daily #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg 1 tab at bedtime #30, 2 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 (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ambien

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. This medication is not intended for long-term ongoing use in the treatment of insomnia. There is no documentation of failure of first line treatment choices for insomnia. Therefore the request is not medically necessary.

Lidoderm 5 percent 1 patch twice daily prn #60, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states they are recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient does not have documented neuropathic pain. The patient has not tried and failed anticonvulsants. The California MTUS states that further research is needed to recommend this agent for chronic neuropathic pain disorders other than post-herpetic neuralgia. Therefore the request is not medically necessary.