

Case Number:	CM15-0115735		
Date Assigned:	06/23/2015	Date of Injury:	03/27/2000
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

Certification(s)/Specialty: Emergency 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 (IW) is a 56-year-old male who sustained an industrial injury on 03/27/2000. Diagnoses include post laminectomy syndrome, cervical and lumbar, and knee enthesopathy NOS. Treatment to date has included medications, spinal cord stimulator and cervical and lumbar fusion. According to the progress notes dated 5/21/15, the IW reported low back and neck pain. It was stated the IW was stable on his current medications and was able to complete activities of daily living. On examination, his gait was tentative with poor balance. Range of motion (ROM) of the lumbar spine was decreased, with 30 degrees of flexion. The paraspinous muscles were mildly tender to palpation and spasms were present, right side greater than left. Sensation was decreased along the right anterior thigh and FABER's test was negative bilaterally. ROM of the cervical spine was also decreased and spasms were present. The bilateral knees were painful with ROM and were tender along the medial joint lines. The Qualified Medical Examination (QME) Supplemental Report on 3/12/15 stated the lumbar spine CT results on 10/1/14 showed the previous fusion at L5-S1; the right L5 pedicle screw possibly breaching the medial cortex of the pedicle; marked facet arthropathy and a broad disc bulge at L4-5 with a short pedicle contributing to moderate to severe spinal stenosis. Medications were Gabapentin, Ambien, Tizanidine, Cyclobenzaprine, Tramadol, Naproxen, Duloxetine, Docusate, Lidocaine 5% and Prevacid. A request was made for Ambien 10mg, #60 for sleep and Lidoderm 5% patches, #60. The Lidoderm patches were listed for refill under the heading of the diagnosis of cervical post laminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG Qty 60: 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), Mental Illness and Stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10 MG Qty 60 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has low back and neck pain. It was stated the injured worker was stable on his current medications and was able to complete activities of daily living. On examination, his gait was tentative with poor balance. Range of motion (ROM) of the lumbar spine was decreased, with 30 degrees of flexion. The paraspinal muscles were mildly tender to palpation and spasms were present, right side greater than left. Sensation was decreased along the right anterior thigh and FABER's test was negative bilaterally. ROM of the cervical spine was also decreased and spasms were present. The bilateral knees were painful with ROM and were tender along the medial joint lines. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10 MG Qty 60 is not medically necessary.

Lidoderm 5 Percent Patches Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The requested Lidoderm 5 Percent Patches Qty 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has low back and neck pain. It was stated the injured worker was stable on his current medications and was able to complete activities of daily living. On examination, his gait was tentative with poor balance. Range of motion (ROM) of the lumbar spine was decreased, with 30 degrees of flexion. The paraspinal muscles were mildly tender to palpation and spasms were present, right side greater than left. Sensation was decreased along

the right anterior thigh and FABER's test was negative bilaterally. ROM of the cervical spine was also decreased and spasms were present. The bilateral knees were painful with ROM and were tender along the medial joint lines. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5 Percent Patches Qty 60 is not medically necessary.