

Case Number:	CM15-0116874		
Date Assigned:	07/01/2015	Date of Injury:	09/07/1996
Decision Date:	08/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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, Michigan

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 injured worker is a 66 year old male, who sustained an industrial injury on 09/07/1996. He has reported subsequent rib and groin pain and was diagnosed with chronic pain due to trauma. Treatment to date has included medication and acupuncture. Documentation shows that the injured worker was prescribed Lidoderm patches and Ambien since at least 07/2014. In a progress note dated 05/26/2015, the injured worker complained of constant rib and groin pain rated as 5/10. The injured worker reported greater than 50% relief with the use of current medications. Pain level without medications was noted to be 9/10 and functionality was decreased by 80%. Difficulty staying asleep due to pain and frustration because of pain and non-restful sleep were documented. No abnormal objective examination findings were documented. A request for authorization of 5 Ambien 10 mg tablets 1-2 at bedtime as needed quantity of 6; refills unlisted as outpatient and Lidoderm 5% (700 mg/patch) adhesive patch 2 every 12 hours as needed; quantity of 60; refills 3 as outpatient was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Ambien 10mg tablet 1 to 2 at bedtime as needed qty 60; refills; unlisted as outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain (chronic) chapter, Zolpidem.

Decision rationale: MTUS guidelines are silent regarding the use of Ambien so alternative guidelines were referenced. As per ODG, "Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The documentation submitted shows that the injured worker had been prescribed Ambien since at least 07/2014 for difficulties staying asleep due to pain which is antithetical to ODG recommendations that Ambien be used only for short-term treatment of insomnia. There was no indication that the medication was significantly improving the injured worker's sleep and no extenuating circumstances were documented to support continued use of this medication. Therefore, the request for authorization of 5 Ambien 10 mg tablets 1-2 at bedtime as needed quantity of 6 is not medically necessary.

Lidoderm 5% (700mg/patch) adhesive patch 2 every 12 hours as needed; qty 60; refills 3 as outpatient: 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: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." The documentation submitted shows that the injured worker had been prescribed Lidocaine patches since at least 07/2014. There was no evidence of significant functional improvement or pain reduction with the use of the medication, nor was there evidence that the injured worker had failed a trial of anti-depressants and anti-convulsants. Therefore, the request for authorization of Lidoderm 5% (700 mg/patch) adhesive patch 2 every 12 hours as needed; quantity of 60; refills 3 as outpatient is not medically necessary.