MAXIMUS Federal Services

Case Number:	CM15-0119274		
Date Assigned:	06/30/2015	Date of Injury:	02/29/2012
Decision Date:	08/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 54-year-old male, with a reported date of injury of 02/29/2012. The mechanism of injury was pulling on a heavy, large wrought iron gate that was broken. The injured worker's symptoms at the time of the injury included a pop in the right elbow and pain in the neck. The diagnoses include right-sided neck pain and right elbow/forearm pain. Treatments and evaluation to date have included oral medications, physical therapy, chiropractic care, acupuncture, and topical pain medication. The diagnostic studies to date included an MRI of the cervical spine on 05/13/2013 which showed multilevel degenerative disc disease with a disc protrusion at C4-5; electrodiagnostic studies on 07/31/2012 which showed evidence of cubital tunnel syndrome; an MRI of the right elbow on 07/13/2012 which confirmed the partial tear of the distal biceps tendon; and a repeat electrodiagnostic study in 07/2013 with negative findings. The progress report dated 04/14/2015 indicates that the injured worker had been using the Lidoderm patches more. He was using two a day instead of one a day, and found this to be quite helpful. The objective findings included significant pain on the right side of the cervical spine, significant increase pain in the neck with rotation and extension on the right side, no significant radicular shooting pain in the arm, significant numbness, positive Tinel's sign over the ulnar groove of the medial side of the right elbow. The injured worker was not working. The progress report dated 06/03/2015 indicates that the injured worker was there for ongoing evaluation of his neck and right upper extremity pain. The medication documentation discussed the injured worker's use of Ultracet. It was noted that the injured worker had a pain contract signed on file; and a urine drug test was done on the day of the visit, which was consistent. The injured

worker's average pain was 7 out of 10; it would get as high as 8 out of 10; and as low as 5 out of 10 at best. The objective findings include some tenderness to palpation in the cervical spine, greater on the right, and no swelling over the medial side of the elbow. The injured worker was no currently working. The plan was to follow-up in one month. The treating physician requested Ambien 10mg #30 with two refills and Lidoderm patch #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 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, Pain Chapter, Procedure Summary, Zolpidem (Ambien).

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

Decision rationale: According to the ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there is documentation that the patient suffers from chronic difficulties sleeping however; the current guidelines do not recommend the chronic use of Ambien. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Llidoderm patch #30 with 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Topical Analgesics Page(s): 56-57 and 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically 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, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there

has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, medical necessity of the requested item has not been established. Medical necessity for the requested topical analgesic has not been established. The requested Lidoderm patches are not medically necessary.