

Case Number:	CM15-0123842		
Date Assigned:	07/15/2015	Date of Injury:	05/27/2004
Decision Date:	08/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 62-year-old female, with a reported date of injury of 05/27/2004. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include low back pain, lumbar failed back surgery, radicular syndrome of the thoracic/lumbosacral spine), sacroiliitis, and insomnia. Treatments and evaluation to date have included oral medications, topical pain medication, spinal cord stimulator, and lumbar laminectomy. The diagnostic studies to date have included a CT scan of the lumbar spine on 02/26/2015, and an x-ray of the thoracic spine on 12/09/2014 which showed a spinal cord stimulator in place and surgical instrumentation in place. The medical report dated 05/19/2015 indicates that the injured worker presented for a follow-up for a medication refill for her chronic back and lower extremity pain. She reported that the pain had increased in the low back. It was noted that the spinal cord stimulator was not providing benefit for the injured worker. The injured worker rated her low back and lower extremity pain 7-8 out of 10. She noted radicular pain to the feet. It was reported that the injured worker had difficulty performing her daily activities. The injured worker denied any other side effects with the medications. The objective findings include tenderness to palpation over the lumbar/sacral spine, tenderness at the facet joint from the mid-thoracic at L2-3 through L5-S1, pain with flexion, extension, and rotation of the spine, positive bilateral straight leg raise test, bilateral hip bursa tenderness without redness, no pain with internal or external rotation of the bilateral hips, diminished sensation to the left and right L4 nerve root, and absent reflexes to both lower extremities. The injured worker was to been seen back in the office in seven weeks

for a medication refill and re-evaluation. The treatment plan included the refill of Clonazepam, Lidoderm patches, and Ambien under the diagnosis of low back pain and radicular syndrome of the thoracic/lumbosacral spines. The injured worker was screened for aberrant drug-related behavior; she was cleared and in full compliance. She was also cleared for signs of development of presence of dependence or addiction. There was no documentation of the injured worker's work status. A urine drug screen was obtained on 03/31/2015. The results were not documented. The treating physician requested Ambien, Lidoderm Patch, and Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Overturned

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

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: The CA MTUS Guidelines is silent on Ambien. The Non-MTUS Official Disability Guidelines indicate that "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. According to the guidelines, "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 injured worker has been taking Ambien since at least 12/04/2014. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." It was noted that the injured worker had been taking Ambien at bedtime with benefit. She noted improved sleep with Ambien, and it was reported that she could sleep an extra three hours. Therefore based on the injured workers clinical response to Ambien the continued use of Ambien is appropriate and medically necessary.

Lidoderm patch #30: 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 (lidocaine patch) and Topical Analgesics Page(s): 56-57 and 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommends Lidoderm only for localized peripheral neuropathic pain after trials of tricyclic or SNRI (serotonin- norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica. There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The guidelines state that topical Lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The injured worker

has been using Lidoderm patch since at least 12/04/2014. It was noted that she has been using Lidoderm patch 12 hours on and 12 hours off. The site of application has not been specified in the documentation. Topical Lidocaine other than Lidoderm is not recommended per the MTUS. The treating physician's request did not include the site of application. As such, the prescription is not sufficient. Therefore, the request for Lidoderm patch is not medically necessary.

Clonazepam 1mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter, Benzodiazepines.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit its use to four weeks. Clonazepam is a benzodiazepine drug. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker has been taking Clonazepam since at least 12/04/2014. She took Clonazepam as needed for anxiety with benefit. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term use for any condition. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. The injured worker is also taking Percocet, which is an opioid. The request does not meet guideline criteria. Therefore, the request for Clonazepam is not medically necessary.