

Case Number:	CM15-0172612		
Date Assigned:	09/14/2015	Date of Injury:	05/08/2011
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/01/2015

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 65 year old male with an industrial injury dated 05-09-2011. Medical record review indicates he is being treated for lumbar displacement, lumbar facet arthropathy, left knee pain, diabetes mellitus, insomnia; chronic pain and status post left knee surgery. He presents on 07-27-2015 with complaints of low back pain radiating down the right lower extremity. The injured worker described the pain as "sharp and moderate to severe" in severity. He also reports insomnia associated with ongoing pain, stable with medications. The pain was rated as 3 out of 10 on average with medications and 8 out of 10 without medications since his last visit. He reported pain had improved since his last visit. He was currently not working. The provider documented the injured worker reported the use of opioid pain and sleep aid medication was helpful. He reported 50% improvement due to this therapy. The provider documented areas of functional improvement "as a result of the above therapy include cleaning, sexual relation, sitting sleeping in bed and vacuuming." Physical exam is documented as tenderness upon palpation in the spinal vertebral area lumbar 4-sacral 1 levels. Range of motion of the lumbar spine showed decreased flexion limited to 50 degrees due to pain and extension limited to 10 degrees due to pain. The pain was documented as significantly increased with extension, flexion and rotation. His medications included Ambien (has been taking since 02-09-2015), Norco, Lidocaine patch (has been taking since 04-20-2015) Glipizide, Metformin and Simvastatin. The provider documents "medications tried and failed in the past: Ambien, Norco, Vitamin D." Other prior treatments included lumbar median branch nerve block and medications. CURES (California's controlled prescription database) dated 05-18-2015 is

documented as no inconsistencies noted. The provider documents the injured worker has not exhibited red flags of potential abuse and has signed a pain treatment agreement. Urine toxicology was done on 06-15-2015. The request for authorization dated 08-04-2015 is for Lidocaine 5% patch 1 every 12 hours on 12 hours off #30 and Ambien 5 mg QHS (hour of sleep) #30. On 08-06-2015 Lidocaine 5% patch 1 every 12 hours on 12 hours off #30 and Ambien 5 mg QHS (hour of sleep) #30 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch 1 every 12 hours on 12 hours off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical Lidocaine states: Lidocaine Indication: Neuropathic pain 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). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical Lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. There is no documentation of failure of first line neuropathic pain medications. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

Ambien 5mg QHS #30: Upheld

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

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem 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. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.