

Case Number:	CM15-0083071		
Date Assigned:	05/29/2015	Date of Injury:	02/07/2001
Decision Date:	12/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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, 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:

This injured worker is a 52 year old male, who sustained an industrial injury on 02-07-2001. The injured worker was diagnosed as having post laminectomy syndrome of lumbar region, cervical pain, low back pain, and depression and anxiety. On medical records dated 03-17-2015 and 03-05-2015, the subjective complaints were noted as headaches, neck pain mid, lower back pain, bilateral knee pain, upper left thigh pain and abdominal pain. Pain was described as pins and needles and burning. Pain was noted as decreasing since last month. Pain was noted as a 6-7 out of 10. Pain score without medication was noted to be 8 out of 10, with medication was noted 5 out of 10 and was noted to be able to perform ADL with less difficulty. Objective findings were noted as the injured worker as being anxious and depressed, and walked with the assistance of a walker. Lumbar spine revealed a loss of lordosis with straightening of the lumbar spine. Tenderness to palpation on his lower back was noted as well. Motor tests were limited due to pain. No sleep disturbance or insomnia was noted on 03-17-2015, Treatments to date included ice and heat, aqua therapy and medication. The injured worker was noted to be seen in the Emergency Department on 03-05-2015 for chest pain which was noted to be related to anxiety. The injured worker was noted to be not working. Current medications were listed as Mirtazapine, Ambien, Cialis, Prefaced, Senna, Oxycontin, Lorazepam, Norco, Nuvigil, Ranitidine, Medrol dosepak, Phenytoin EX, Lidoderm patch and Dexamethasone. The Utilization Review (UR) was dated 04-23-2015. A Request for Authorization was dated 04-09-2015 for Lidoderm 5% #30, Nuvigil 150mg #30, Ambien CR (Zolpidem) 12.5mg #30 and Lorazepam 1mg #60 was submitted. The UR submitted for this medical review indicated that the request for Lidoderm 5% #30, Nuvigil 150mg #30, and Ambien CR (Zolpidem) 12.5mg #30 were non-certified and Lorazepam 1mg #60 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, #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): Lidoderm (lidocaine patch).

Decision rationale: Ca MTUS is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic, serotonin-norepinephrine reuptake inhibitor, or gabapentin. This medication is "not a first-line treatment and is 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." The documentation supports the IW has been utilizing this medication dating back to July 2006. There is not documentation to support the failure of this first line agent or intolerance of this medication. There are no reports of symptom or function improvement with this medication. The request does not specify the location of frequency of patch application. As such, the request for Lidoderm patches is not medically necessary.

Nuvigil 150mg, #30: 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) - Armodafinil (Nuvigil).

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, Modafinil (Provigil).

Decision rationale: The MTUS does not provide direction for the use of modafinil or equivalents like Nuvigil. The Official Disability Guidelines recommend against using modafinil to counteract the sedation caused by opioids unless "excessive narcotic prescribing" is first considered. There is no evidence in this case that such considerations have occurred. The Official Disability Guidelines stated that modafinil is indicated for treatment of narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and that prescribing should be accompanied by a complete evaluation of these disorders. The treating physician has not provided evidence of these disorders along with a complete evaluation for these conditions. In this case, the treating physician has not provided a specific indication for modafinil. The IW is also prescribed a sleep aide medication. There is no evidence of the other indications. Nuvigil is not medically necessary per the cited guidelines and the lack of clear indications.

Lorazepam 1mg, #60: 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): Benzodiazepines.

Decision rationale: Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking Lorazepam as long in the past as July 2006. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. In addition, the request does not include dosing or frequency. Without the support of the guidelines, the request for Lorazepam is not medically necessary.

Ambien CR (zolpidem) 12.5mg, #30: 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), Pain: Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Insomnia treatment.

Decision rationale: Ambien is a sedative, hypnotic agent that is prescribed for sleep. This medication is recommended for short term use and is not indicated in the treatment of chronic pain. Most recent documentation does not discuss the IW sleep patterns or reliance on this medication for sleep. Furthermore, the request does not include the frequency or dosing of medication. As such, the request for Ambien CR is not medically necessary.