

<b>Case Number:</b>	CM15-0098726		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	03/24/2003
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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

Certification(s)/Specialty: Surgery

### 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 47 year old man sustained an industrial injury on 3/24/2003. The mechanism of injury is not detailed. Diagnoses include lumbar facet syndrome, post-laminectomy syndrome, umbilical hernia, chronic myofascial dysfunction, obesity, and depression. Treatment has included oral medications and H-wave. Physician notes on a PR-2 dated 3/4/2015 show complaints of increased low back pain rated 8-9/10. Recommendations include trigger point injections, lumbar medial branch nerve injection, umbilical hernia repair, medical weight loss or bariatric surgery, Norco, Ambien, Prilosec, Lidoderm, Senokot, Naproxen, transportation to and from medical appointments, home health care, continue home exercise program, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Back Pain (see opioids for chronic pain) Page(s): 80-81.

**Decision rationale:** Neuropathic pain: opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). Chronic back pain: Appears to be efficacious but limited for short-term pain relief and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In most cases of chronic pain, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. Long-term, observational studies have found that treatment with opioids tends to provide improvement in function and minimal risk of addiction, but many of these studies include a high dropout rate. This patient is already taking naproxen, and has already been on norco. Therefore, it appears that he has likely gone through some other forms of pain control/treatment. However, this is not adequately documented. It appears that he is on a combination of Naproxen and Norco and I will therefore approve this. In the future, there needs to be better documentation of what he has taken and failed. The request is medically necessary.

**Ambien 10 mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved labeling for Ambien, and An Overview of Sleep Medications. Practical Pain Management. October 1, 2006.

**Decision rationale:** Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies. (FDA labeling) "Insomnia is frequently comorbid with pain. Patients with chronic painful conditions are more likely than the general population to experience insomnia. Treatment of insomnia in the presence of pain is multifactorial. Both must be treated simultaneously for optimal outcomes. Zolpidem has demonstrated efficacy in patients with chronic painful conditions." This patient may benefit from use of Ambien for sleep. "It has demonstrated efficacy in reducing sleep latency. It is less clear whether the immediate release form affects sleep maintenance. The extended release form is effective for sleep maintenance, but may have a higher incidence of somnolence the next day. Studies of long-term dosing of extended release zolpidem have not been published. Both forms have the potential for rebound insomnia." The request is medically necessary.

**Lidoderm 5% 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) Page(s): 56-57.

**Decision rationale:** MTUS Chronic pain medical treatment guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. There is documentation of neuropathic pain, but no documentation of failed first-line treatment with a tri-cyclic or SNRI anti-depressant or an AED such as gabapentin or Lyrica. The request is not medically necessary.