

Case Number:	CM15-0098759		
Date Assigned:	06/01/2015	Date of Injury:	05/08/2011
Decision Date:	07/02/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	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: Texas, New York, California
 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 applicant is a represented 65 year old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 8, 2011. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve a request for Ambien and Lidoderm patches. The claims administrator referenced a progress note dated April 20, 2015 and an associated RFA form of April 27, 2015 in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of low back pain, 6/10 with medication and 9/10 without medications. Derivative complaints of insomnia imputed to chronic pain were reported. The applicant was not working, it was acknowledged. Medial branch blocks, Lidoderm patches, Ambien, and Norco were endorsed. The applicant was apparently receiving glipizide, metformin, and Zocor from another provider. The request of Ambien was in fact framed as a renewal request for the same. The applicant was still having difficulty performing activities of daily living as basic as ambulating and sleeping, the treating provider reported in various sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Indications And Usage 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.

Decision rationale: No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA label purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien, in effect, represents treatment in excess of the FDA label. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence which would have supported such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

Lidocaine 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy of antidepressant and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing usage of Lidoderm patches in question. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, and sleeping, it was reported on April 20, 2015. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lidoderm patches at issue. Therefore, the request was not medically necessary.